

# 3 Section  
Fall

# PRESHIFT - ONSHIFT and DAILY REPORT

STARTED 10-26-09

FINISHED 11-11-09

Company PERFORMANCE COP

Mine UBB

SECTION #3

LOCATION MAOMA RALIEGH 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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Date 10-26-9 Shift EVU Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

| Location                      | Violation or Hazardous Condition       | Action taken                        |
|-------------------------------|--|-------------------------------------|
| 1. <u>1</u>                   | <u>Needs cleaned &amp; dusted</u>      | <u>Corrected</u>                    |
| 2. <u>2</u>                   | <u>Needs cleaned &amp; dusted</u>      | <u>corrected</u>                    |
| 3. <u>3</u>                   | <u>Needs cleaned &amp; dusted</u>      | <u>Corrected</u>                    |
| 4. <u>3R</u>                  | <u>Not Bolted</u>                      | <u>Reported</u>                     |
| 5. <u>4</u>                   | <u>Needs cleaned &amp; dusted</u>      | <u>Corrected</u>                    |
| 6. <u>5</u>                   | <u>Needs cleaned &amp; dusted</u>      | <u>Corrected</u>                    |
| 7. <u>5R</u>                  | <u>Needs cleaned &amp; dusted</u>      | <u>Corrected</u>                    |
| 8. <u>4</u><br><u>2R Inby</u> | <u>Scrapcut</u><br><u>with in face</u> | <u>Corrected</u><br><u>Reported</u> |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 Paragraphs 4, 5, 6, 7, 8  
with entire crew at Pressure pump

[Signature] Assistant Mine  
16611-A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
25124 Certificate No.  
[Signature] Superintendent or Assist.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-26-68 Section or Area Examined #3  
Time of Examination: from 10:00 a.m. to 11:30 a.m. or (p.m.)  
Was this report phoned to outside: Yes no  
By whom (Signed) Ray Sheehan Time A.M. 11:05 P.M.  
Report received by

Violations and other Hazardous Conditions Observed and Reported

| Location             | Violation or Hazardous Condition | Action Taken |
|----------------------|----------------------------------|--------------|
| 1. CHf               | scrap                            | Reported     |
| 2. Part Bot          | Part Bot                         | "            |
| 3. needs clean       | needs clean                      | Reported     |
| 4. 3Xc               | NOT Bot                          | Reported     |
| 5. 4Xc               | no                               | Reported     |
| 6. 5Xc               | needs c/p                        | Reported     |
| 7. 5Xc               | no                               | Reported     |
| 8. 5Xc               | needs clean                      | Reported     |
| 9. 6Xc               | Part Bot                         | Reported     |
| 10. 6Xc              | DANGER                           | Reported     |
| Location: 7Xc in by  | Air Measurements: CFM w/c        | Reported     |
| Location: 7Xc out by | CFM: no                          | Reported     |

Left Right

20368  
87230

Remarks: In allways & haulways clean at time of exam  
Power Cops of charyans - No  
Are charyans - OK  
rotake Altora - OK  
CH<sup>4</sup> 0.0% CO 0.0% O<sub>2</sub> 20.8% at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By (Signature) Preshift-Mine Examiner Certificate No. 1759-A  
Countersigned (Signature) Mine Manager - Mine Foreman Certificate No. 28736  
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Oct 27, 09 Shift 021 Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time         | Methane Content | Location  | Time | Methane Content |
|--------------------------|--------------|-----------------|-----------|------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0%</u>  |                 | 11. ----- |      |                 |
| 2. <u>CO</u>             | <u>0.0%</u>  |                 | 12. ----- |      |                 |
| 3. <u>O<sup>2</sup></u>  | <u>20.8%</u> |                 | 13. ----- |      |                 |
| 4. -----                 |              |                 | 14. ----- |      |                 |
| 5. -----                 |              |                 | 15. ----- |      |                 |
| 6. -----                 |              |                 | 16. ----- |      |                 |
| 7. -----                 |              |                 | 17. ----- |      |                 |
| 8. -----                 |              |                 | 18. ----- |      |                 |
| 9. -----                 |              |                 | 19. ----- |      |                 |
| 10. -----                |              |                 | 20. ----- |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time | Methane Content |
|--------------|----------------|-----------------|-----------|------|-----------------|
| 1. <u>#7</u> | <u>4.06 AM</u> | <u>0.0%</u>     | 6. -----  |      |                 |
| 2. <u>H1</u> | <u>5.38 AM</u> | <u>0.0%</u>     | 7. -----  |      |                 |
| 3. -----     |                |                 | 8. -----  |      |                 |
| 4. -----     |                |                 | 9. -----  |      |                 |
| 5. -----     |                |                 | 10. ----- |      |                 |

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

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

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

[Signature] Assistant Mine Foreman  
1759-A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
2873 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 10-27 2009 Section or Area Examined #3 Section
Time of Examination: from 900 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes
By whom JEREMY BURGH DUFF Time 605 A.M. P.M.
Report received by TIM WILLIAMS (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for #1 through #10 with handwritten notes like 'NEEDS CLEANED', 'DAMAGED BOLTS', and 'WATER IN FACE'.

Lt Lob 22,249
Rt Lob 23,882

Remarks: Powercenter, chargers, tracks travel ways clear at time of exam
Outby chamber, intake phone OK at time of exam

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 [Signature] Certificate No. 1755-A
Countersigned [Signature] Certificate No. 28734
Assistant Foreman [Signature] Certificate No. 1659-A
Superintendent or Assistant [Signature]

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-27-09 Shift Day Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

|    | Location | Violation or Hazardous Condition      | Action taken     |
|----|----------|---------------------------------------|------------------|
| 1. | #1 #2 #3 | need cleaned & dusted                 | cleaned          |
| 2. | #3       | 1/2 bolt out by face, 6 damaged bolts | spot bolted      |
| 3. | #3R      | not Bolted                            | CORRECTED        |
| 4. | #4       | Part bolted, 1 row down               | Reported         |
| 5. | #5       | needs cleaned & dusted                | cleaned & dusted |
| 6. | #5R      | Scrap Cut                             | CORRECTED        |
| 7. | #6R      | Damaged bolts                         | Damaged off      |
| 8. | #7       | needs cleaned                         | dusted           |
|    | #7R 1269 | water in face                         | Reported         |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

|    | Location  | Time     | Methane Content    |     | Location | Time | Methane Content |
|----|-----------|----------|--------------------|-----|----------|------|-----------------|
| 1. | Lt Return | 7:00 AM  | 0% CH <sub>4</sub> | 6.  |          |      |                 |
| 2. | Rt Return | 7:30 AM  | ↓                  | 7.  |          |      |                 |
| 3. |           |          |                    | 8.  |          |      |                 |
| 4. | Lt Return | 11:30 AM |                    | 9.  |          |      |                 |
| 5. | Rt Return | 11:00 AM |                    | 10. |          |      |                 |

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting with mine Foreman  
At End of track did smoke search at Portal

Jim Williams Assistant Mine 1659-A Certificate No. Resk Petr Mine Foreman-Mine Manager 28236 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-27 2009 Section or Area Examined #3
Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Williams Time A.M 3:00 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing violations like 'Needs dusted', 'Needs cleaned & dusted', 'Not Bolted', 'Damaged Bolts', and 'None observed'.

Table with 4 columns: Location, CFM, Location, CFM. Rows for L LOB (22400) and R LOB (22176).

Remarks: Power center changer Track Trussways Intake phons outby Chamber
OK at time of exam
CH4 0% O2 20.8 CO2

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 Williams Certificate No. 1659-A
Countersigned Mine Manager - Mine Foreman Certificate No. 28736 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 10-27-7 Shift Eve Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

| Location                                   | Violation or Hazardous Condition   | Action taken   |
|--|--|--|
| 1. <u>1</u>                                | <u>Needs dusted</u>  | <u>Corrected</u>                                       |
| 2. <u>2</u>                                | <u>Needs dusted</u>  | <u>Corrected</u>                                       |
| 3. <u>3</u>                                | <u>Needs dusted</u>  | <u>Corrected</u>                                       |
| 4. <u>3R</u>                               | <u>Needs cleaned &amp; dusted</u>  | <u>Reported</u>  |
| 5. <u>4</u>                                | <u>Needs dusted</u>  | <u>Corrected</u>                                       |
| 6. <u>5</u>                                | <u>Needs cleaned &amp; dusted</u>  | <u>Corrected</u>                                       |
| 7. <u>5R</u>                               | <u>Needs cleaned &amp; dusted</u>  | <u>Corrected</u>                                       |
| 8. <u>6</u><br><u>6R</u><br><u>7R Inby</u> | <u>Not Bolted</u><br><u>Damaged Bolts</u><br><u>Water In Face</u><br><u>Examinations for Methane in Working Places</u> | <u>Corrected</u><br><u>Reported</u><br><u>Reported</u> |

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof Control  
Plan with entire crew at end of track.

[Signature] Assistant Mine 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 28736 Certificate No. [Signature] Superintendent or Assistant



Date of Examination 10-27-09 20. Section or Area Examined 3 Section  
 Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Shannon Purdie Time A.M. 10:50 P.M.  
 Report received by Glen Ullman (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location      | Violation or Hazardous Condition            | Action Taken        |
|---------------|---|---------------------|
| 1. <u>1</u>   | <u>0% chg Part Bolter</u>                   | <u>Reflected</u>    |
| 2. <u>2</u>   | <u>" Add Cleaning</u>                       | <u>Reported</u>     |
| 3. <u>3</u>   | <u>" N/O</u>                                | <u>none</u>         |
| 4. <u>3R</u>  | <u>" Cleaned dusted</u>                     | <u>Reported</u>     |
| 5. <u>4</u>   | <u>" Add Cleaning</u>                       | <u>Reported</u>     |
| 6. <u>4R</u>  | <u>" Cleaned &amp; dusted</u>               | <u>Reported</u>     |
| 7. <u>5</u>   | <u>" Add Dusting</u>                        | <u>Reported</u>     |
| 8. <u>5R</u>  | <u>" Cleaned &amp; dusted</u>               | <u>"</u>            |
| 9. <u>6</u>   | <u>" " "</u>                                | <u>"</u>            |
| 10. <u>6R</u> | <u>" Damaged Bolts</u>                      | <u>Dangered off</u> |
| <u>7R</u>     | <u>" N/O Air Measurements water in face</u> |                     |

| Location  | CFM           | Location | CFM |
|-----------|---------------|----------|-----|
| <u>LT</u> | <u>22,470</u> |          |     |
| <u>RT</u> | <u>21,240</u> |          |     |

Remarks: 02 C44 0200 208602  
PC's Charges Track Tranchways OK  
Shelter, Intake Phone OK

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

Signed By [Signature] 1664-A Certificate No.  
 Countersigned [Signature] 23736 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 Oct 27, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time          | Methane Content | Location  | Time | Methane Content |
|--------------------------|---------------|-----------------|-----------|------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0 %</u>  |                 | 11. ----- |      |                 |
| 2. <u>CO</u>             | <u>0 %</u>    |                 | 12. ----- |      |                 |
| 3. <u>O<sup>2</sup></u>  | <u>20.8 %</u> |                 | 13. ----- |      |                 |
| 4. -----                 |               |                 | 14. ----- |      |                 |
| 5. -----                 |               |                 | 15. ----- |      |                 |
| 6. -----                 |               |                 | 16. ----- |      |                 |
| 7. -----                 |               |                 | 17. ----- |      |                 |
| 8. -----                 |               |                 | 18. ----- |      |                 |
| 9. -----                 |               |                 | 19. ----- |      |                 |
| 10. -----                |               |                 | 20. ----- |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time | Methane Content |
|--------------|----------------|-----------------|-----------|------|-----------------|
| 1. <u>#7</u> | <u>5:10 AM</u> | <u>0.01 %</u>   | 6. -----  |      |                 |
| 2. <u>#1</u> | <u>5:51 AM</u> | <u>0.0 %</u>    | 7. -----  |      |                 |
| 3. -----     |                |                 | 8. -----  |      |                 |
| 4. -----     |                |                 | 9. -----  |      |                 |
| 5. -----     |                |                 | 10. ----- |      |                 |

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

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

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

[Signature] Assistant Mine Foreman  
1759-A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
2873 Certificate No.  
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-28 20 09 Section or Area Examined #3 Section
Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom JEREMY BURGESS Time 605 A.M. P.M.
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items #1 through #9, including 'needs dusted', 'needs cleaned & dusted', 'scrap cut', 'damaged bolts', 'water in face', and 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Lt Cob 23,403' and 'Rt Cob 21,097'.

Remarks: Powercenter, chargers, track & travelways, outby chamber, intake phone off at time of exam

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 [Signature] Preshift Mine Examiner Certificate No. 1657A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2873L
Assistant Foreman [Signature] Certificate No. 1659-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-28 Shift DAY Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

|    | Location                 | Violation or Hazardous Condition | Action taken |
|----|--------------------------|----------------------------------|--------------|
| 1. | #1 #2 0% CH <sub>4</sub> | needs dusted                     | Dusted       |
| 2. | #3 #4                    | needs cleaned & dusted           | Corrected    |
| 3. | #5                       | needs dusted                     | Dusted       |
| 4. | #6 #7                    | needs cleaned & dusted           | Corrected    |
| 5. | #6R int b <sub>7</sub>   | SCRAP cut                        | Corrected    |
| 6. | #6R out b <sub>7</sub>   | Damaged bolts                    | Damaged off  |
| 7. | #7R int b <sub>7</sub>   | water in FACE                    | Reported     |
| 8. | #7R out b <sub>7</sub>   | none observed                    | Reported     |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location     | Time     | Methane Content    | Location | Time | Methane Content |
|--------------|----------|--------------------|----------|------|-----------------|
| 1. Lt Return | 7:00 AM  | 0% CH <sub>4</sub> | 6.       |      |                 |
| 2. Rt Return | 7:30 AM  |                    | 7.       |      |                 |
| 3.           |          |                    | 8.       |      |                 |
| 4. Lt Return | 11:00 AM |                    | 9.       |      |                 |
| 5. Rt Return | 11:30 AM |                    | 10.      |      |                 |

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting with entire crew at end of shift, discussed page 5 chapter 17 part of REP

Jim Miller Assistant Mine 1659-A Certificate No. Rich Pate Mine Foreman-Mine Manager 2922 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-28 2009 Section or Area Examined #3
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Williams Time 3:00 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of observations such as '1 Entry 0% CH4', '2 None Observed', '3 Not Bolted', etc.

Table for Air Measurements with columns for Location and CFM. Contains entries for LLOB (22680) and RLOB (22720).

Remarks: Powercenter Travelways Intake phone outby chamber & charger ok at time of exam

CH4% 0.20.8 CO 0

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1659-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 1669-A
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-28-7 Shift Ev Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Wat our page 4 of Ret control  
Plan with center crew at end of track

[Signature]  
Assistant Mine

1664-A  
Certificate No.

[Signature]  
Mine Foreman/Mine Manager

28736  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-28-09 20 Section or Area Examined #3 Section
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon P Time A.M. 10:50 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including notes like 'Needs cleaned & dusted' and 'None observed'.

Table for Air Measurements with columns for Location and CFM. Contains two rows of data: L. L.O.2 (22,860) and R. L.O.2 (20,230).

Remarks: OX CH4 approx 22.6% ok detected at time of exam
Track, Travelways, power centers, A-boxes, chargers ok at time of exam
Intake Phone: Refuge ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 28232
Countersigned [Signature] Mine Manager-Mine Foreman 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 10/29/09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time        | Methane Content | Location  | Time  | Methane Content |
|--------------------------|-------------|-----------------|-----------|-------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0</u>  | <u>%</u>        | 11. _____ | _____ | _____           |
| 2. <u>CO</u>             | <u>0</u>    | <u>%</u>        | 12. _____ | _____ | _____           |
| 3. <u>O<sub>2</sub></u>  | <u>20.8</u> | <u>%</u>        | 13. _____ | _____ | _____           |
| 4. _____                 | _____       | _____           | 14. _____ | _____ | _____           |
| 5. _____                 | _____       | _____           | 15. _____ | _____ | _____           |
| 6. _____                 | _____       | _____           | 16. _____ | _____ | _____           |
| 7. _____                 | _____       | _____           | 17. _____ | _____ | _____           |
| 8. _____                 | _____       | _____           | 18. _____ | _____ | _____           |
| 9. _____                 | _____       | _____           | 19. _____ | _____ | _____           |
| 10. _____                | _____       | _____           | 20. _____ | _____ | _____           |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time  | Methane Content |
|--------------|----------------|-----------------|-----------|-------|-----------------|
| 1. <u>#7</u> | <u>5:08 AM</u> | <u>0.0%</u>     | 6. _____  | _____ | _____           |
| 2. <u>#1</u> | <u>5:57 AM</u> | <u>0.0%</u>     | 7. _____  | _____ | _____           |
| 3. _____     | _____          | _____           | 8. _____  | _____ | _____           |
| 4. _____     | _____          | _____           | 9. _____  | _____ | _____           |
| 5. _____     | _____          | _____           | 10. _____ | _____ | _____           |

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

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

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

[Signature]  
Assistant Mine

1759-17  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2822  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29-09 Section or Area Examined #3 SECTION
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside Yes [checked] no
By whom JEREMY BURGHDAFF Time 6:05 A.M. P.M.
Report received by TIM WILLIAMS (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken, and CFM. Contains 10 rows of handwritten entries regarding bolt conditions and air measurements.

LT LOB 22216
RT LOB 19649

Remarks: POWER CENTER, CHARGERS, TRACKS TRAVEL WAIS, OUTB CHAMBER, INITIAL PHONE 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. 1759A Assistant Foreman [Signature] Certificate No. 1659A
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-29-09 Shift DAY Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

|    | Location                | Violation or Hazardous Condition | Action taken     |
|----|-------------------------|----------------------------------|------------------|
| 1. | #1 #2 #6                | nuts cleaned adjusted            | corrected        |
| 2. | #3                      | not Bolted                       | corrected        |
| 3. | #3 LOB                  | 8 Damaged bolts                  | spot bolted AREA |
| 4. | #3 1 bolt in by COB     | Damaged bolts                    | spot bolted      |
| 5. | #4                      | 7 BROKE bolts in FACE            | RE bolted        |
| 6. | #5                      | Damaged bolts in FACE            | Damaged off      |
| 7. | #6R                     | PART bolted, 1 row down in FACE  | Repaired         |
| 8. | #6 1/2 bolt out by FACE | Damaged bolts                    | spot Bolted AREA |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location      | Time     | Methane Content    | Location | Time | Methane Content |
|---------------|----------|--------------------|----------|------|-----------------|
| 1. LT Returns | 7:00 AM  | 0% CH <sub>4</sub> | 6.       |      |                 |
| 2. RT Returns | 7:30 AM  | ↓                  | 7.       |      |                 |
| 3.            |          |                    | 8.       |      |                 |
| 4. L Return   | 11:00 AM |                    | 9.       |      |                 |
| 5. R Return   | 11:30 AM |                    | 10.      |      |                 |

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting with crew at end of shift, also explained MMS for new equipment

Don Will Assistant Mine 1659-A Certificate No. Rock Fort Mine Foreman-Mine Manager 2872 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29-09 2009 Section or Area Examined #3
Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Tim Williams Time A.M. 2:55 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection findings such as 'Entry 0% CH4', 'Needs Additional Dusting', 'Needs cleaned & dusted', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L LOB (21849) and R LOB (22510).

Remarks: Powercable Trussways Tracks charger Intake phone & Outby chamber ok at time of exam

CH4 O2 CO
0% 20.8 0

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

Signed By [Signature] Certificate No. 1659-D Assistant Foreman
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 29732 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 10-29-09 Shift Ev Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

| Location          | Violation or Hazardous Condition  | Action taken     |
|-------------------|-----------------------------------|------------------|
| 1. <u>2</u>       | <u>Needs additional Dusting</u>   | <u>Corrected</u> |
| 2. <u>3</u>       | <u>Needs cleaned &amp; dusted</u> | <u>Corrected</u> |
| 3. <u>4</u>       | <u>Wrinkle in face</u>            | <u>Corrected</u> |
| 4. <u>5</u>       | <u>Damaged Bolts in face</u>      | <u>Corrected</u> |
| 5. <u>6</u>       | <u>Not Bolted</u>                 | <u>Corrected</u> |
| 6. <u>7R Inby</u> | <u>Water in face</u>              | <u>Reported</u>  |
| 7. _____          | _____                             | _____            |
| 8. _____          | _____                             | _____            |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Sh. P.  
Assistant Mine

1664-A  
Certificate No.

Rock J. [Signature]  
Mine Foreman-Mine Manager

2872  
Certificate No.

Superintendent of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29-09 20: Section or Area Examined #3 Section
Time of Examination: from 9:50 a.m. or p.m. to 10:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shanna P. Time A.M. 10:45 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten observations such as 'None observed', 'Needs cleaned & dusted', 'Quarry is wide', 'Scrap cut', 'Inj WATER in FACE'.

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: L. L.O.B. 21,800; R. L.O.D. 22,560.

Remarks: On CH4, O2 ppm co, so on detected at time of exam
Track Treadways, Handways, generators, chargers, Intake Pans, Refuge 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] 1664-A Certificate No.
Countersigned [Signature] 2873L 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 Oct 30, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time  | Methane Content |
|--------------|----------------|-----------------|-----------|-------|-----------------|
| 1. <u>#1</u> | <u>5:04 AM</u> | <u>0.0</u>      | 6. -----  | ----- | -----           |
| 2. <u>#7</u> | <u>5:52 PM</u> | <u>0.0</u>      | 7. -----  | ----- | -----           |
| 3. -----     | -----          | -----           | 8. -----  | ----- | -----           |
| 4. -----     | -----          | -----           | 9. -----  | ----- | -----           |
| 5. -----     | -----          | -----           | 10. ----- | ----- | -----           |

Number of Bolts Tested -----

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

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

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

[Signature]  
Assistant Mine

1759-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2873  
Certificate No.

Superintendent or Assistant

Date of Examination 10-30 2009 Section or Area Examined #3 Section  
 Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.  
 Was this report phoned to outside: yes  no   
 By whom James J. Burghduff Time 555 A.M. P.M.  
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                 | Violation or Hazardous Condition   | Action Taken         |
|--------------------------|------------------------------------|----------------------|
| #1 0% Ch <sub>4</sub>    | COB in FACE                        | Reported             |
| #2 #3                    | NEEDS CLEANED & DUSTED             | Reported             |
| #4                       | SCRAP CUT                          | Reported             |
| #4R                      | BROKE BOLTS, WIDE                  | DANGEROUS OFF        |
| #5 #5R                   | NEEDS CLEANED & DUSTED             | Reported             |
| #6 #7                    | NEEDS CLEANED & DUSTED, 1 ROW DOWN | Reported, REFLATORED |
| #6R in b <sub>7</sub> #7 | NEEDS CLEANED & DUSTED             | Reported             |
| #7R in b <sub>7</sub>    | WATER IN FACE                      | Reported             |
| #7R out b <sub>7</sub>   | NONE OBSERVED                      | Reported             |
| 10.                      |                                    |                      |

Air Measurements

| Location | CFM    | Location | CFM |
|----------|--------|----------|-----|
| LT COB   | 23,287 |          |     |
| RT COB   | 19,062 |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |

Remarks: POWER CENTER CHARGERS, TRACKS THROUGHOUT, OUTLET CHAMBER, INSTALLED PHONE CLEAR AT TIME OF EXAM

0% Ch<sub>4</sub> 20.8% O<sub>2</sub> 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 James J. Burghduff Preshift Mine Examiner Certificate No. 28734  
 Countersigned Rich Foster Mine Manager— Mine Foreman  
Tim Williams Assistant Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-30-09 Shift DAY Area or Section 3 SECTION

Violations and other Hazardous Conditions Observed and Reported

|    | Location        | Violation or Hazardous Condition                        | Action taken   |
|----|-----------------|---|----------------|
| 1. | #1              | 0% CH <sub>4</sub> Gobs in face, needs cleaned & dusted | Reported       |
| 2. | #2 #3           | needs cleaned & dusted                                  | Reported       |
| 3. | #3 intersection | needs corner bolts                                      | Bolted         |
| 4. | #4              | SCRAP out   | Corrected      |
| 5. | #5 #5R          | needs cleaned & dusted                                  | Corrected      |
| 6. | #6              | 1 Row down on bolts                                     | Bolted to face |
| 7. | #6R inby #7     | needs cleaned & dusted                                  | Reported       |
| 8. | #7R inby        | water in face   | Reported       |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location     | Time     | Methane Content    | Location | Time | Methane Content |
|--------------|----------|--------------------|----------|------|-----------------|
| 1. LT RETURN | 7:00 AM  | 0% CH <sub>4</sub> | 6.       |      |                 |
| 2. RT RETURN | 7:30 AM  |                    | 7.       |      |                 |
| 3.           |          |                    | 8.       |      |                 |
| 4. LT RETURN | 11:00 AM |                    | 9.       |      |                 |
| 5. RT RETURN | 11:30 AM |                    | 10.      |      |                 |

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

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

did quarterly FINE drill with crew, walked out intake

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

had safety meeting at end of track with entire crew, went over page 5 chapter 26 of RCP,

Jim W. Miller  
Assistant Mine

16590  
Certificate No.

Paul Porter  
Mine Foreman-Mine Manager

2872  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-30 2009 Section or Area Examined #3  
Time of Examination: from 2:00 a.m. or (P.M.) to 2:45 a.m. or (P.M.)  
Was this report phoned to outside: Yes ✓ no \_\_\_\_\_  
By whom Tim Williams Time A.M. 3:00 (P.M.)  
Report received by Sh. Ph. (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location   | Violation or Hazardous Condition                   | Action Taken               |
|--|--|----------------------------|
| 1. Entry 0% CH <sub>4</sub>                      | Needs cleaned & dusted                             | Reported                   |
| 2. @   | Needs cleaned & dusted                             | Reported                   |
| 3. 3   | Needs cleaned & dusted                             | Reported                   |
| 4. 4   | Not Bolted   | Reflector Hung             |
| 5. 5   | Needs cleaned & dusted                             | Reported                   |
| 6. SR  | Needs cleaned & dusted                             | Reported                   |
| 7. 6   | Not Bolted   | Reflector Hung             |
| 8. 6R  | Needs cleaned & dusted                             | Reported                   |
| 9. 7   | Needs cleaned & dusted                             | Reported                   |
| 10. 7R Inby<br>7R Outby Entry 0% CH <sub>4</sub> | Water in face<br>None observed<br>Air Measurements | Reported<br>Reflector Hung |

| Location | CFM   | Location | CFM |
|----------|-------|----------|-----|
| L LOB    | 23100 |          |     |
| R LOB    | 20655 |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |

Remarks: Powercenter Travelways Outby chamber Truck & chargers ok  
at time of exam

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

This is to certify that (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Tim Williams Certificate No. 1659A  
Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 28732 Assistant Foreman  
Sh. Ph. Assistant Foreman Certificate No. 1664-A  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-30-9 Shift EVR Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as 'Needs cleaned & dusted', 'Not Bolted', 'Reported', 'Corrected'.

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries for methane examinations in return aircourses, showing 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roofcut 1 Plan with entire crew at end of Truck

Assistant Mine 1664-A Mine Foreman-Mine Manager 2822 Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-30-09 Section or Area Examined 35 section  
 Time of Examination: from 9:00 a.m. or 10:40 a.m. or 10:40 p.m.  
 Was this report phoned to outside: Yes ✓ no \_\_\_\_\_  
 By whom [Signature] Time 10:40 A.M. P.M.  
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                  | Violation or Hazardous Condition | Action Taken               |
|---------------------------|----------------------------------|----------------------------|
| 1. <u>1</u> <u>Dicks</u>  | <u>cab in face</u>               | <u>Reported</u>            |
| 2. <u>2</u> <u>"</u>      | <u>none observed</u>             | <u>none</u>                |
| 3. <u>3</u> <u>"</u>      | <u>Cleaned &amp; dusted</u>      | <u>Reported</u>            |
| 4. <u>4</u> <u>"</u>      | <u>     </u>                     | <u>  </u>                  |
| 5. <u>4R</u> <u>"</u>     | <u>none observed</u>             | <u>none</u>                |
| 6. <u>5</u> <u>"</u>      | <u>Cleaned &amp; dusted</u>      | <u>Reported</u>            |
| 7. <u>SR</u> <u>"</u>     | <u>not Bolted</u>                | <u>Reflected</u>           |
| 8. <u>6</u> <u>"</u>      | <u>part Bolted</u>               | <u>     </u>               |
| 9. <u>6R</u> <u>"</u>     | <u>Add cleaning</u>              | <u>Reported</u>            |
| 10. <u>7</u> <u>"</u>     | <u>none observed</u>             | <u>none</u>                |
| <u>7R in by</u> <u>"</u>  | <u>WAB in face</u>               | <u>Reported</u>            |
| <u>7R out by</u> <u>"</u> | <u>no Air Measurements</u>       | <u>none</u>                |
| <u>Location</u>           | <u>CFM</u>                       | <u>Location</u> <u>CFM</u> |
| <u>LOB LT</u>             | <u>22,350</u>                    |                            |
| <u>RT</u>                 | <u>21,800</u>                    |                            |

Remarks: 0204 0200 208202  
Track Trappings PC, Changes, out by Refuge, Intake Area OK

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 11664-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28732  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-31 2009 Section or Area Examined 3 Section
Time of Examination: from 8:00 a.m. or p.m. to 5:50 a.m. or p.m.
Was this report phoned to outalde: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section IDle.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, Lt 22,260, Rt 21,730.

Remarks: 0% CH4 0ppm CO2 20.8% O2
Track, Travelway, Pc, Chargers, outby Refuge, Intake phone OK

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

Signed By [Signature] Certificate No. 1947-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman

George Curry 27429

Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-31-2009 Section or Area Examined 3 Section  
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------|----------------------------------|--------------|
| 1. 1     | 0% CH <sub>4</sub> Bob in Face   | reported     |
| 2. 2     | none observed                    | none         |
| 3. 3     | needs cleaned/dusted             | reported     |
| 4. 4     | " " "                            | "            |
| 5. 4R    | none observed                    | none         |
| 6. 5     | needs cleaned/dusted             | reported     |
| 7. 5R    | not bolted                       | reflected    |
| 8. 6     | part bolted                      | "            |
| 9. 6R    | add cleaning                     | reported     |
| 10. 7    | none observed                    | none         |
| 7R inby  | WATER ID FACE                    | reported     |
| 7R outby | none observed                    | none         |

| Location | Air Measurements | Location | CFM |
|----------|------------------|----------|-----|
| LOB      | Left 22435       |          |     |
|          | Right 20850      |          |     |

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> track, travelways  
pc's chargers clean at time of exam  
outby air chamber / intake phone ok at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By George Curry 27479 Assistant Foreman  
Countersigned \_\_\_\_\_ 3872 Certificate No.  
Mine Manager - Mine Foreman  
Assistant Foreman

Superintendent or Assistant  
Gus Ed 1947-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

| 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 10-31 Section or Area Examined #3 Section  
 Time of Examination: from 8:30 a.m. or 8:42 a.m. to 9:42 a.m. or 9:42 a.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. _____               |                                  |              |
| 3. _____               |                                  |              |
| 4. _____               |                                  |              |
| 5. _____               |                                  |              |
| 6. _____               |                                  |              |
| 7. _____               |                                  |              |
| 8. _____               |                                  |              |
| 9. _____               |                                  |              |
| 10. _____              |                                  |              |

Air Measurements

| Location   | CFM              | Location | CFM |
|------------|------------------|----------|-----|
| <u>LoB</u> | <u>Lt 22,528</u> |          |     |
|            | <u>Rt 21,378</u> |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |
| _____      |                  |          |     |

Remarks: 0% CH4 20.8% O2 0ppm C.O TRACK, Travelways, Power centers, Chargers, Intake Phone, Air Chamber OK AT Time of exam

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

Signed By Lyneal Cole Preshift-Mine Examiner Certificate No. 1947-A  
 Countersigned Rich Johnson Mine Manager—Mine Foreman Certificate No. 23734  
 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 11-1 2009 Section or Area Examined #3 Section  
Time of Examination: from 4:00 p.m. to 5:10 p.m.  
Was this report phoned to outside: Yes  no   
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. _____               |                                  |              |
| 3. _____               |                                  |              |
| 4. _____               |                                  |              |
| 5. _____               |                                  |              |
| 6. _____               |                                  |              |
| 7. _____               |                                  |              |
| 8. _____               |                                  |              |
| 9. _____               |                                  |              |
| 10. _____              |                                  |              |

Air Measurements

| Location   | CFM                     | Location | CFM |
|------------|-------------------------|----------|-----|
| <u>LOB</u> | <u>L+</u> <u>22,743</u> |          |     |
|            | <u>R+</u> <u>21,142</u> |          |     |
| _____      |                         |          |     |
| _____      |                         |          |     |
| _____      |                         |          |     |
| _____      |                         |          |     |
| _____      |                         |          |     |
| _____      |                         |          |     |

Remarks: 0% CH4 20.8% O2 0ppm CO Tracks, Travelways,  
PC's Chargers D-Boxes clear At Time of exam  
Air chamber -OK

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

Signed By L. May Col. 1947-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Rich Foster 28732  
Mine Manager—Mine Foreman  
Assistant Foreman

Jac Stewart 39199 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-1 20 09 Section or Area Examined # 3  
Time of Examination: from 1235 a.m. or p.m. to 1246 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section Idle.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows: LOB L 22,260; R 20,243.

Remarks: 0% CH4, 0% CO, 20.8% O2 At time of exam  
Chamber, Intake Phone OK at exam  
Track, Travelway, Chargers, D-Boxes OK at exam

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

Signed By Jay Stewart Preshift-Mine Examiner Certificate No. 39199  
Countersigned Rick [Signature] Mine Manager-Mine Foreman Certificate No. 23734  
Assistant Foreman [Signature] Certificate No. 29611  
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 Nov 1 2009 Section or Area Examined 3-Section  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

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

*NOTED*

|          |     |                  |          |     |
|----------|-----|------------------|----------|-----|
| Location | CFM | Air Measurements | Location | CFM |
| RT LOB   |     |                  |          |     |
| LT LOB   |     |                  |          |     |

Remarks: Ch<sup>4</sup> 90CO 90O<sup>2</sup> 90 at time of exam.

Outby Chamber, Intake Phone

Powercenter, chargers, travelways,

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 \_\_\_\_\_ Freshift-Mine Examiner Certificate No. \_\_\_\_\_  
 Assistant Foreman Certificate No. 139-A

Countersigned \_\_\_\_\_ Mine Manager--Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Nov. 1, 09 Shift O.W. Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location  | Time | Methane Content | Location | Time | Methane Content |
|-----------|------|-----------------|----------|------|-----------------|
| 1. $CH_4$ |      |                 | 11.      |      |                 |
| 2. $O_2$  |      |                 | 12.      |      |                 |
| 3. $O_2$  |      |                 | 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. # 7   | AM   | 0%              | 6.       |      |                 |
| 2. # 1   | AM   | 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) \_\_\_\_\_

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 11-1 20. 9 Section or Area Examined #3 Sec.  
 Time of Examination: from 8:30 a.m. or p.m. to 8:56 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom brought outside Time ----- A.M. ----- P.M.  
 Report received by -----  
 (Signed)

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

|     | Location                 | Violation or Hazardous Condition | Action Taken |
|-----|--------------------------|----------------------------------|--------------|
| 1.  | <u>0% CH<sub>4</sub></u> | <u>n/o</u>                       | <u>Rep.</u>  |
| 2.  |                          | <u>n/o</u>                       |              |
| 3.  |                          | <u>need clean</u>                |              |
| 4.  |                          | <u>line curtain down</u>         |              |
| 5.  | <u>5 &amp; 5 RT.</u>     | <u>need clean &amp; dusts</u>    |              |
| 6.  | <u>6</u>                 | <u>SCRAP</u>                     |              |
| 7.  | <u>6 RT.</u>             | <u>need clean</u>                |              |
| 8.  | <u>7</u>                 | <u>need clean</u>                |              |
| 9.  | <u>7 RT. in by</u>       | <u>water</u>                     |              |
| 10. | <u>7 RT. out by</u>      | <u>n/o</u>                       |              |

#### Air Measurements

| Location   | CFM           | Location | CFM |
|------------|---------------|----------|-----|
| <u>RT.</u> | <u>22,406</u> |          |     |
| <u>RT.</u> | <u>21,800</u> |          |     |
|            |               |          |     |
|            |               |          |     |
|            |               |          |     |
|            |               |          |     |
|            |               |          |     |
|            |               |          |     |
|            |               |          |     |

Remarks: NO CH<sub>4</sub> Sect. 0% 20.802 CO<sub>2</sub>%  
track & tranelway clean at exam  
Intake phone ok Restrain Ch. OK

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

Signed By [Signature] 29611 Certificate No. [Signature] 1759-A Certificate No.  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] 2972 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 Nov 2 09 Shift 021 Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time         | Methane Content | Location  | Time | Methane Content |
|--------------------------|--------------|-----------------|-----------|------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0%</u>  |                 | 11. ----- |      |                 |
| 2. <u>CO</u>             | <u>0%</u>    |                 | 12. ----- |      |                 |
| 3. <u>O<sup>2</sup></u>  | <u>20.8%</u> |                 | 13. ----- |      |                 |
| 4. -----                 |              |                 | 14. ----- |      |                 |
| 5. -----                 |              |                 | 15. ----- |      |                 |
| 6. -----                 |              |                 | 16. ----- |      |                 |
| 7. -----                 |              |                 | 17. ----- |      |                 |
| 8. -----                 |              |                 | 18. ----- |      |                 |
| 9. -----                 |              |                 | 19. ----- |      |                 |
| 10. -----                |              |                 | 20. ----- |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time | Methane Content |
|--------------|----------------|-----------------|-----------|------|-----------------|
| 1. <u>#7</u> | <u>5:53 AM</u> | <u>0.0%</u>     | 6. -----  |      |                 |
| 2. <u>#1</u> | <u>5:01 PM</u> | <u>0.0%</u>     | 7. -----  |      |                 |
| 3. -----     |                |                 | 8. -----  |      |                 |
| 4. -----     |                |                 | 9. -----  |      |                 |
| 5. -----     |                |                 | 10. ----- |      |                 |

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

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

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

[Signature]  
Assistant Mine

1769-A  
Certificate No.

[Signature]  
Mine Foreman/Mine Manager

2875c  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-2-69 2009 Section or Area Examined #3
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Jeremy Burdett Time 6:00 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for Entry 0% CH4, 4L Inby corner, 5 Intersection, SR, 6R Inby, 7R Inby, 3 Intersection, L LOB, R LOB.

Remarks: Powercenter Trunkways outby clambar Intake phone Truck & Changer etc at time of exam

Table with 3 columns: CH4, O2, CO. Values: 0%, 20.8, 0.

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

Signed By [Signature] Certificate No. 1789A
Countersigned [Signature] Mine Manager - Mint Foreman Certificate No. 23736
Assistant Foreman [Signature] Certificate No. 1664-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-2-09 Shift DAY Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

| Location          | Violation or Hazardous Condition              | Action taken | Methane Content |
|-------------------|---|--------------|-----------------|
| 1. 1              | Gobface Needs cleaned & dusted                | Reported     |                 |
| 2. 2              | Needs additional cleaning                     | Corrected    |                 |
| 3. 3              | Part Bolted 1 Row short                       | Reported     |                 |
| 4. 4              | Needs additional cleaning & dusting           | Corrected    |                 |
| 5. 4 Intersection | 3 Broke Bolts                                 | Corrected    |                 |
| 6. 4L Inby corner | Needs spot bolt Inby corner                   | Corrected    |                 |
| 7. 5              | Needs cleaned & dusted                        | Corrected    |                 |
| 8. 5 Intersection | 2 Broke Bolts                                 | Corrected    |                 |
| 5R                | 2 Broke Bolts in face                         | Corrected    |                 |
| 6                 | Examining Bolts for Methane in Working Places | Corrected    |                 |
| 6R Inby           | Examining Bolts for Methane in Working Places | Reported     |                 |
| 7R Inby           | Examining Bolts for Methane in Working Places | Dangerous    |                 |
| 2R Inby           | Examining Bolts for Methane in Working Places | Reported     |                 |
| 3 Intersection    | 3 Broke Bolts                                 | Corrected    |                 |
| 11. 1-7           | 7:00-7:30 0%                                  |              |                 |
| 12. 1-7           | 9:00-9:30 0%                                  |              |                 |
| 13. 1-7           | 11:00-11:30 0%                                |              |                 |
| 14. 1-7           | 1:00-1:30 0%                                  |              |                 |
| 15. 1-7           | 1:00-1:30 0%                                  |              |                 |
| 16. 1-7           | 1:00-1:30 0%                                  |              |                 |
| 17. 1-7           | 1:00-1:30 0%                                  |              |                 |
| 18. 1-7           | 1:00-1:30 0%                                  |              |                 |
| 19. 1-7           | 1:00-1:30 0%                                  |              |                 |
| 20. 1-7           | 1:00-1:30 0%                                  |              |                 |

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine [Signature] Mine Foreman-Mine Manager 28735 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 11-2-09 Section or Area Examined #3 Section  
 Time of Examination: from 2:10 a.m. or (p.m.) to 2:50 a.m. or (p.m.)  
 Was this report phoned to outside: Yes  No   
 By whom Shannon Redden Time 2 A.M. 2:55 P.M.  
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                     | Violation or Hazardous Condition | Action Taken                  |
|------------------------------|----------------------------------|-------------------------------|
| #1                           | 0% CH <sub>4</sub> Gob in FACE   | Reported                      |
| #2 #7                        | None observed                    | Reported                      |
| #3                           | Needs added cleaning, has ledge  | Reported, Dangerous off ledge |
| #4                           | Needs cleaned & dusted           | Reported                      |
| #4 intersection in by feeder | Damaged bolts                    | Reported, Dangerous off       |
| #5 R                         | Scrap cut                        | Reported                      |
| #6 F                         | not bolted                       | Reported, Replaced            |
| #6 R in by                   | 1 row bolt needed in FACE        | Reported Replaced             |
| #6 R out by                  | Damaged bolts                    | Reported, Dangerous off       |
| #7 R in by                   | Water in FACE                    | Reported                      |
| #7 R out by                  | None observed                    | Reported                      |

Air Measurements

Location

CFM

Location

CFM

Lt Gob 23,250  
 Rt. Gob 21,680

Remarks: Power center, chargers, track, travelways, outby chamber, etc. All  
 Phone OK at time of exam

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

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1664-A  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732  
[Signature] Assistant Foreman Certificate No. 1659-D  
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-2-09 Shift Evening Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as 'Job in Face', 'None observed', 'Needs added cleaning, Ledge', etc.

Examinations for Methane in Working Places

Table with 6 columns: Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of data, including a large vertical arrow pointing downwards.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of data for return air courses.

Number of Bolts Tested Resin 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 with crew at end of shift, also discussed prevention of HINI and symptoms

Signature lines for 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 Nov 2 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Williams Time A.M 11:03
Report received by Jeremy Berghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'Needs cleaned and Dusted', 'Needs cleaned', 'Ledge in entry', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L LOB' (22,680) and 'R LOB' (21,760).

Remarks: Ch 0.0% CO 0% O2 20.8% at time of exam

Powercenter - No Power, Chargers - No Power, travelways clear at time of exam

Outby chamber and Intake Phase Ot at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1659-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11/23/09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time         | Methane Content | Location | Time | Methane Content |
|--------------------------|--------------|-----------------|----------|------|-----------------|
| 1. <u>CH<sub>4</sub></u> | <u>0.0%</u>  |                 | 11.      |      |                 |
| 2. <u>CO</u>             | <u>0%</u>    |                 | 12.      |      |                 |
| 3. <u>O<sub>2</sub></u>  | <u>20.8%</u> |                 | 13.      |      |                 |
| 4.                       |              |                 | 14.      |      |                 |
| 5.                       |              |                 | 15.      |      |                 |
| 6.                       |              |                 | 16.      |      |                 |
| 7.                       |              |                 | 17.      |      |                 |
| 8.                       |              |                 | 18.      |      |                 |
| 9.                       |              |                 | 19.      |      |                 |
| 10.                      |              |                 | 20.      |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location | Time | Methane Content |
|--------------|----------------|-----------------|----------|------|-----------------|
| 1. <u>#7</u> | <u>5:51 AM</u> | <u>0.0%</u>     | 6.       |      |                 |
| 2. <u>#1</u> | <u>5:03 AM</u> | <u>0.0%</u>     | 7.       |      |                 |
| 3.           |                |                 | 8.       |      |                 |
| 4.           |                |                 | 9.       |      |                 |
| 5.           |                |                 | 10.      |      |                 |

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

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

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

[Signature]  
Assistant Mine

1739-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2873c  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-3 2004 Section or Area Examined #3
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Jerry Burdett Time 6:00 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for CH4 levels, GoB in face, bolted parts, and air measurements.

L HOB 22879
R HOB 22043

Remarks: Powercenter, trackways, Intake phone, outby chamber clear at time of exam
CH4 0% O2 20.8 CO 0

# 1 & 2 has loose & soft ribs setting timbers.

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. 1759-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28734 [Signature] Assistant Foreman Certificate No. 11664-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 11-3-09 Shift DAY Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

| Location  | Violation or Hazardous Condition   | Action taken   |
|---|--|--|
| 1. <u>L Entry 0% CH<sub>4</sub></u>   | <u>Needs cleaned &amp; dusted GOB in face</u>  | <u>Reported</u>  |
| 2. <u>2</u>   | <u>GOB in face</u>   | <u>Reported.</u>   |
| 3. <u>3</u>   | <u>Part Bolted Needs 1 Row &amp; Needs additional cleaning</u>   |  |
| 4. <u>4</u>   | <u>Part Bolted, Needs 1 Row &amp; 5 Broken Bolts 2 Damaged Bolts Dangerous def.</u>  |  |
| 5. <u>5</u>   | <u>1 Loose Bolt 2 Damaged Bolts 2 Broken Bolts</u>   | <u>Corrected</u>   |
| 6. <u>SR</u>  | <u>Not Bolted</u>  | <u>Reported, Corrected</u>   |
| 7. <u>6</u>   | <u>Part Bolted</u>   | <u>Reported</u>  |
| 8. <u>C R Inby</u><br><u>GR Outby</u><br><u>7</u><br><u>2R Inby Entry 0% CH<sub>4</sub></u> | <u>Part Bolted Needs 2 Rows</u><br><u>Damaged Bolts Broken Bolts Missing Bolts</u><br><u>Needs cleaned</u><br><u>Examinations for Methane in Working Places</u><br><u>Water in Fall.</u><br><u>Methane Content</u> | <u>Reported</u><br><u>Damaged CH<sub>4</sub></u><br><u>Reported</u><br><u>Reported</u> |

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

Examinations for Methane in Return Aircourses

| Location       | Time         | Methane Content | Location | Time | Methane Content |
|----------------|--------------|-----------------|----------|------|-----------------|
| 1. <u>LRct</u> | <u>7:00</u>  | <u>0%</u>       | 6.       |      |                 |
| 2. <u>RRct</u> | <u>7:30</u>  | <u>0%</u>       | 7.       |      |                 |
| 3.             |              |                 | 8.       |      |                 |
| 4. <u>LRct</u> | <u>11:00</u> | <u>0%</u>       | 9.       |      |                 |
| 5. <u>RRct</u> | <u>11:30</u> | <u>0%</u>       | 10.      |      |                 |

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof Control Plan  
Paragraph 5678 with entire crew at end of Trickle

Sh. Ph.  
Assistant Mine

1661-A  
Certificate No.

Rick Foster  
Mine Foreman-Mine Manager

2823  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-3 1969 Section or Area Examined #3 Section
Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Shannon Padua Time A.M. P.M.
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken, and CFM. Contains 10 rows of handwritten entries such as '#1 COB in FACE', '#2 NEEDS ADDED CLEANING', etc.

Lt. COB 23,350
Rt. COB 21,700

Remarks: Power centers, chargers, track, travelways, outby chamber, into the phone off at time of exam

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 [Signature] Certificate No. 11664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732
Assistant Foreman [Signature]
Superintendent or Assistant [Signature]

Date 11-3-09 Shift Evening Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action taken          |
|------------------------|----------------------------------|-----------------------|
| 1. #1                  | Grab in face                     | Reported              |
| 2. #2 #3 #5 #9         | Woods cleaned                    | Reported              |
| 3. #3 intersection #4F | Damaged bolts                    | Reported, removed off |
| 4. #5R                 | Woods cleaned & dusted           | Reported              |
| 5. #6F                 | not Bolted                       | Reported, reworked    |
| 6. #6R in by           | Part bolted, 1 Row down          | Reported reworked     |
| 7. #6R out by          | Damaged bolts                    | Removed off           |
| 8. #7R in by           | Water in face                    | Reported              |
| 9. #7R out by          | None observed                    | Reported              |

Examinations for Methane in Working Places

| Location | Time          | Methane Content | Location | Time | Methane Content |
|----------|---------------|-----------------|----------|------|-----------------|
| 1. 1-7   | 4:30-5:00PM   | 0% CH4          | 11.      |      |                 |
| 2.       |               |                 | 12.      |      |                 |
| 3. 1-7   | 6:30-7:00PM   |                 | 13.      |      |                 |
| 4.       |               |                 | 14.      |      |                 |
| 5. 1-7   | 8:30-9:00PM   |                 | 15.      |      |                 |
| 6.       |               |                 | 16.      |      |                 |
| 7. 1-7   | 10:30-11:00PM |                 | 17.      |      |                 |
| 8.       |               |                 | 18.      |      |                 |
| 9.       |               |                 | 19.      |      |                 |
| 10.      |               |                 | 20.      |      |                 |

Examinations for Methane in Return Aircourses

| Location      | Time | Methane Content | Location | Time | Methane Content |
|---------------|------|-----------------|----------|------|-----------------|
| 1. Lt. Return | 4:30 | 0% CH4          | 6.       |      |                 |
| 2. Rt. Return | 5:00 |                 | 7.       |      |                 |
| 3.            |      |                 | 8.       |      |                 |
| 4. Lt. Return | 8:30 |                 | 9.       |      |                 |
| 5. Rt. Return | 9:00 |                 | 10.      |      |                 |

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 chapter 4 of RCP with entire crew at end of track

Dir. W. Williams Assistant Mine 1659-A Certificate No. Rick Beter Mine Foreman-Mine Manager 28736 Certificate No. Superintendent of Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-3 209 Section or Area Examined #3  
 Time of Examination: from 10:20 a.m. or p.m. to 10:50 or p.m.  
 Was this report phoned to outside: Yes Tom Williams no \_\_\_\_\_  
 By whom Tom Williams Time 11:00 A.M. P.M.  
 Report received by T. Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

| #   | Location            | Violation or Hazardous Condition | Action Taken       |
|-----|---------------------|----------------------------------|--------------------|
| 1.  | <u>90CH4</u>        | <u>gob in face</u>               | <u>Rep.</u>        |
| 2.  | <u>2+3</u>          | <u>need clean</u>                | <u>Rep.</u>        |
| 3.  | <u>3entusmed</u>    | <u>damper bolts (4)</u>          | <u>Refector</u>    |
| 4.  | <u>4</u>            | <u>" " (5)</u>                   | <u>Refector</u>    |
| 5.  | <u>5+5 RT.</u>      | <u>need clean &amp; dusted</u>   | <u>Rep.</u>        |
| 6.  | <u>HL 74R</u>       | <u>leadere (drop offs)</u>       | <u>Damaged off</u> |
| 7.  | <u>6</u>            | <u>not bolted</u>                | <u>Refector</u>    |
| 8.  | <u>6R</u>           | <u>part bolted</u>               | <u>Refector</u>    |
| 9.  | <u>6RTi out by</u>  | <u>damaged bolt</u>              | <u>Refector</u>    |
| 10. | <u>7</u>            | <u>need add cleaning</u>         | <u>Rep.</u>        |
|     | <u>7 RTi in by</u>  | <u>water surface</u>             | <u>Rep.</u>        |
|     | <u>7 RTi out by</u> | <u>w/o</u>                       | <u>Rep.</u>        |

LT. 23,520  
 RT. 20,160

Remarks: 100% duct 0% 20.80% COO%  
Track - Travelways clean  
Plc clean  
Fresh Air Chamber & intake phone clean

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

Signed By Tom Williams Preshift Mine Examiner Certificate No. 1659-A  
 Countersigned Rich Porter Mine Manager - Mine Foreman Certificate No. 2878L

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 Nov 9, 09 Shift Owl Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location           | Time  | Methane Content | Location | Time | Methane Content |
|--------------------|-------|-----------------|----------|------|-----------------|
| 1. Ch <sup>4</sup> | 0.0%  |                 | 11.      |      |                 |
| 2. CO              | 0.9%  |                 | 12.      |      |                 |
| 3. O <sub>2</sub>  | 20.8% |                 | 13.      |      |                 |
| 4.                 |       |                 | 14.      |      |                 |
| 5.                 |       |                 | 15.      |      |                 |
| 6.                 |       |                 | 16.      |      |                 |
| 7.                 |       |                 | 17.      |      |                 |
| 8.                 |       |                 | 18.      |      |                 |
| 9.                 |       |                 | 19.      |      |                 |
| 10.                |       |                 | 20.      |      |                 |

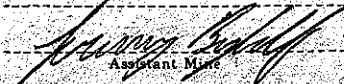
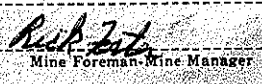
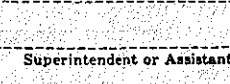
Examinations for Methane in Return Aircourses

| Location | Time    | Methane Content | Location | Time | Methane Content |
|----------|---------|-----------------|----------|------|-----------------|
| 1. #1    | 5:48 AM | 0.0%            | 6.       |      |                 |
| 2. #7    | 4:48 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) \_\_\_\_\_

 Assistant Mine Foreman  
 1755-A Certificate No.  
 Mine Foreman-Mine Manager  
 2873 Certificate No.  
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-4 2009 Section or Area Examined #3  
 Time of Examination: from 4:45 a.m. or p.m. to 5:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Jerry Burduff Time 5:55 A.M. P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

| Location                      | Violation or Hazardous Condition                                 | Action Taken                                      |
|-------------------------------|--|---|
| 1. I Entry 0% CH <sub>4</sub> | GoB in face Needs additional cleaning                            | Reported  |
| 2. 2                          | GoB in face Needs additional cleaning                            | Reported  |
| 3. 3                          | Damaged Bolts  | Dangered off                                      |
| 4. 3 Intersection             | Damaged Bolts  | Dangered off                                      |
| 5. 3R                         | 4ft Ledge  | Dangered off                                      |
| 6. 4                          | Damaged Bolts in face  | Dangered off                                      |
| 7. 4R                         | 6 Brake Bolts  | Reported  |
| 8. 5                          | 3 Brake Bolts in face  | Reported  |
| 9. 5L                         | 4 ft Ledge   | Dangered off                                      |
| 10. SR                        | 2 Brake Bolts  | Reported  |
| 6<br>GR Inby<br>GR Outby      | Not Bolted<br>Needs 1 Row Part Bolted<br>Air Measurements<br>CFM | Reflector Hung<br>Reflector Hung<br>Dangered off. |
| 7 Entry 0% CH <sub>4</sub>    | Damaged Bolts<br>Need cleaned                                    | Reported  |

L LOB 23569  
 R LOB 21287

Remarks: Powercenter trackways Intake phen to Outby chamber ok at time of exam

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

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

Signed By Jerry Burduff 1754-11 Certificate No. \_\_\_\_\_ Assistant Foreman  
 Countersigned Burt Burt 28236 Certificate No. 1664-A  
 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-4-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

| Location                     | Violation or Hazardous Condition              | Action taken          |
|------------------------------|---|-----------------------|
| 1. <u>1</u>                  | <u>GoB in face Needs additional cleaning</u>  | <u>Reported</u>       |
| 2. <u>2</u>                  | <u>GoB in face Needs additional cleaning</u>  | <u>Corrected</u>      |
| 3. <u>3 + 3 Intersection</u> | <u>Damaged Bolts</u>                          | <u>Dangerred off</u>  |
| 4. <u>3R</u>                 | <u>4ft Ledge</u>                              | <u>Dangerred off</u>  |
| 5. <u>4</u>                  | <u>Damaged Bolts in face</u>                  | <u>Dangerred off</u>  |
| 6. <u>4A</u>                 | <u>6 Broke Bolts</u>                          | <u>Reported</u>       |
| 7. <u>5</u>                  | <u>3 Broke Bolts in face</u>                  | <u>Reported</u>       |
| 8. <u>5L</u>                 | <u>4ft Ledge</u>                              | <u>Dangerred off</u>  |
| <u>SR</u>                    | <u>2 Broke Bolts</u>                          | <u>Reported</u>       |
| <u>6</u>                     | <u>Examined Bolts</u>                         | <u>Reflector Hung</u> |
| <u>6R</u>                    | <u>Not Examined Methane in Working Places</u> | <u>Reflector Hung</u> |
| <u>6R out of Location</u>    | <u>1 Row Shear in face</u>                    | <u>Dangerred off</u>  |
| <u>7</u>                     | <u>Damaged Bolts Needs cleaned</u>            | <u>Reported</u>       |

| Location      | Time               | Methane Content | Location | Time | Methane Content |
|---------------|--------------------|-----------------|----------|------|-----------------|
| 1. <u>1-7</u> | <u>7:00-7:30</u>   | <u>0%</u>       | 11.      |      |                 |
| 2. <u>1-7</u> | <u>9:00-9:30</u>   | <u>0%</u>       | 12.      |      |                 |
| 3. <u>1-7</u> | <u>11:00-11:30</u> | <u>0%</u>       | 13.      |      |                 |
| 4. <u>1-7</u> | <u>1:00-1:30</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>L Ret</u> | <u>7:00</u>  | <u>0%</u>       | 6.       |      |                 |
| 2. <u>R Ret</u> | <u>7:30</u>  | <u>0%</u>       | 7.       |      |                 |
| 3.              |              |                 | 8.       |      |                 |
| 4. <u>L Ret</u> | <u>11:00</u> | <u>0%</u>       | 9.       |      |                 |
| 5. <u>RRet</u>  | <u>11:30</u> | <u>0%</u>       | 10.      |      |                 |

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

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

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

Sh. Ph Assistant Mine 1664-A Certificate No. Rick Peter Mine Foreman-Mine Manager 28736 Certificate No. Superintendent or Assistant



Date of Examination 11-4-59 20. Section or Area Examined 3 sections, all  
 Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Shanahan Reshine Time 3:00 A.M. 3:00 P.M.  
 Report received by [Signature] (Signed)

| Location                  | Violations and other Hazardous Conditions Observed and Reported | Action Taken     |
|---------------------------|---|------------------|
| 1. <u>1</u> <u>CH4-0%</u> | <u>Gob in Face</u>  | <u>Rep. Work</u> |
| 2. <u>2</u>               | <u>None</u>   |                  |
| 3. <u>2L</u>              | <u>Sweep</u>  |                  |
| 4. <u>3</u>               | <u>part Bolted - 1 Row</u>                                      |                  |
| 5. <u>4</u>               | <u>" " - 1 Row</u>  |                  |
| 6. <u>5</u>               | <u>Damaged Bolted</u>   | <u>Rep</u>       |
| 7. <u>6</u>               | <u>part Bolted</u>  |                  |
| 8. <u>6R</u>              | <u>need 1 Row</u>   |                  |
| 9. <u>6R</u>              | <u>out by need 2 spot bolts</u>                                 |                  |
| 10.                       |   |                  |

| Air Measurements |              |          |     |
|------------------|--------------|----------|-----|
| Location         | CFM          | Location | CFM |
| <u>L</u>         | <u>21870</u> |          |     |
| <u>R</u>         | <u>21040</u> |          |     |
|                  |              |          |     |
|                  |              |          |     |
|                  |              |          |     |
|                  |              |          |     |
|                  |              |          |     |
|                  |              |          |     |
|                  |              |          |     |

Remarks: CO-0%, O2-20.8% out by chamber - OK, power centers OK  
Changers, Trunkways - Rough Scrapping Battery.

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

Signed By [Signature] 1664-A Certificate No. 28236  
 Preshift-Mine Examiner  
 Countersigned [Signature] 132222 Certificate No. 1543 A  
 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-4-09 Shift eve Area or Section URB Portal Section

Violations and other Hazardous Conditions Observed and Reported

| Location                               | Violation or Hazardous Condition                 | Action taken                          |
|--|--|---------------------------------------|
| 1. <u>1</u>                            | <u>gab in Face</u>                               | <u>reported</u>                       |
| 2. <u>20</u>                           | <u>None</u>                                      | <u>none</u>                           |
| 3. <u>2L</u>                           | <u>SCRAP cut</u>                                 | <u>mined out</u>                      |
| 4. <u>3</u>                            | <u>Part Bolted 1-Row</u>                         | <u>Replenished</u>                    |
| 5. <u>4</u>                            | <u>Part Bolted 1-Row</u>                         | <u>11</u>                             |
| 6. <u>5</u>                            | <u>Damaged Bolts</u>                             | <u>Reported</u>                       |
| 7. <u>6</u>                            | <u>Part Bolted</u>                               | <u>Replenished</u>                    |
| 8. <u>GR in by</u><br><u>GR out by</u> | <u>needs 1 Row</u><br><u>needs 2 spots Bolts</u> | <u>Replenished</u><br><u>Reported</u> |

Examinations for Methane in Working Places

| Location      | Time             | Methane Content | Location | Time | Methane Content |
|---------------|------------------|-----------------|----------|------|-----------------|
| 1. <u>1-7</u> | <u>435-505</u>   | <u>0%</u>       | 11.      |      |                 |
| 2.            |                  |                 | 12.      |      |                 |
| 3. <u>1-7</u> | <u>630-700</u>   | <u>0%</u>       | 13.      |      |                 |
| 4.            |                  |                 | 14.      |      |                 |
| 5. <u>1-7</u> | <u>830-900</u>   | <u>0%</u>       | 15.      |      |                 |
| 6.            |                  |                 | 16.      |      |                 |
| 7. <u>1-7</u> | <u>1000-1050</u> | <u>0%</u>       | 17.      |      |                 |
| 8.            |                  |                 | 18.      |      |                 |
| 9.            |                  |                 | 19.      |      |                 |
| 10.           |                  |                 | 20.      |      |                 |

Examinations for Methane in Return Aircourses

| Location         | Time          | Methane Content | Location | Time | Methane Content |
|------------------|---------------|-----------------|----------|------|-----------------|
| 1. <u>Return</u> | <u>L 630</u>  | <u>0%</u>       | 6.       |      |                 |
| 2.               | <u>R 700</u>  | <u>0%</u>       | 7.       |      |                 |
| 3.               |               |                 | 8.       |      |                 |
| 4.               | <u>L 1012</u> | <u>0%</u>       | 9.       |      |                 |
| 5.               | <u>R 1042</u> | <u>0%</u>       | 10.      |      |                 |

Number of Bolts Tested 5  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

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

with delayed start of shift at end of TK  
Read page 4 part 1 of RCP

Kevin Collins  
Assistant Mine

1543-15  
Certificate No.

Rich Pitt  
Mine Foreman-Mine Manager

28736  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-4 2009 Section or Area Examined 3 Section
Time of Examination: from 10 a.m. or 9 a.m. to 1050 a.m. or 10 a.m.
Was this report phoned to outside: Yes [checked] no
By whom BR. G. Collins Time A.M. 11:00 P.M.
Report received by M. J. Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'Gob in Face', 'scrap', 'Not Bolted', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with CFM values of 21,840 and 21,310.

Remarks: Oppm C.O. 20.8% O2 outBy Chamber, P.C.'s, Intake Phone chambers, chafers, Travelways, Bottom Is Rough scrapping

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. 1943-A
Countersigned: [Signature] Mine Manager - Mine Foreman Certificate No. 29236
Assistant Foreman
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Nov. 5, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

Examinations for Methane in Working Places

| Location                 | Time         | Methane Content | Location  | Time  | Methane Content |
|--------------------------|--------------|-----------------|-----------|-------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0%</u>  | -----           | 11. ----- | ----- | -----           |
| 2. <u>CO</u>             | <u>0%</u>    | -----           | 12. ----- | ----- | -----           |
| 3. <u>O<sub>2</sub></u>  | <u>20.8%</u> | -----           | 13. ----- | ----- | -----           |
| 4. -----                 | -----        | -----           | 14. ----- | ----- | -----           |
| 5. -----                 | -----        | -----           | 15. ----- | ----- | -----           |
| 6. -----                 | -----        | -----           | 16. ----- | ----- | -----           |
| 7. -----                 | -----        | -----           | 17. ----- | ----- | -----           |
| 8. -----                 | -----        | -----           | 18. ----- | ----- | -----           |
| 9. -----                 | -----        | -----           | 19. ----- | ----- | -----           |
| 10. -----                | -----        | -----           | 20. ----- | ----- | -----           |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time  | Methane Content |
|--------------|----------------|-----------------|-----------|-------|-----------------|
| 1. <u>#7</u> | <u>5:39 AM</u> | <u>0.0%</u>     | 6. -----  | ----- | -----           |
| 2. <u>#1</u> | <u>4:49 AM</u> | <u>0.0%</u>     | 7. -----  | ----- | -----           |
| 3. -----     | -----          | -----           | 8. -----  | ----- | -----           |
| 4. -----     | -----          | -----           | 9. -----  | ----- | -----           |
| 5. -----     | -----          | -----           | 10. ----- | ----- | -----           |

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

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

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

[Signature]  
Assistant Mine

1259-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2823  
Certificate No.

Superintendent or Assistant

Date of Examination 11-5 2009 Section or Area Examined #3  
 Time of Examination: from 4:45 a.m. or p.m. to 5:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Jeremy Burdett Time 6:00 A.M. P.M.  
 Report received by Shannon Peck  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                  | Violation or Hazardous Condition             | Action Taken          |
|---------------------------|--|-----------------------|
| 1. <u>1</u> <u>CH4 0%</u> | <u>GoB in face Needs additional cleaning</u> | <u>Reported</u>       |
| 2. <u>2</u>               | <u>Part Bolted wide Moods 1CNB</u>           | <u>Reported</u>       |
| 3. <u>3</u>               | <u>Damaged Belts DANGER OFF</u>              | <u>DANGER OFF</u>     |
| 4. <u>3R</u>              | <u>4ft Ledge</u>                             | <u>DANGER OFF</u>     |
| 5. <u>4</u>               | <u>Damaged Bolts</u>                         | <u>DANGER OFF</u>     |
| 6. <u>5</u>               | <u>Moods cleaned &amp; dusted</u>            | <u>Reported</u>       |
| 7. <u>5R</u>              | <u>4ft Ledge</u>                             | <u>DANGER OFF</u>     |
| 8. <u>6</u>               | <u>Not Bolted</u>                            | <u>Reflector Hung</u> |
| 9. <u>GR Inby</u>         | <u>2 missing Bolts</u>                       | <u>Reflector Hung</u> |
| 10. <u>GR Outby</u>       | <u>Damaged Bolts</u>                         | <u>DANGER OFF</u>     |

Air Measurements

| Location    | CFM          | Location | CFM |
|-------------|--------------|----------|-----|
| <u>LLOB</u> | <u>23215</u> |          |     |
| <u>RLOB</u> | <u>19841</u> |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |

Remarks: Powercenter Truylways outby chamber Intake phone ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Jeremy Burdett 1089-A  
 Pre-shift-Mine Examiner Certificate No.  
 Countersigned Rich Fisher 28732 Sh Peck Assistant Foreman Certificate No. 1064-A  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-5-09 Shift DAY Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

| Location         | Violation or Hazardous Condition   | Action taken                             |
|------------------|--|--|
| 1. 1             | G&B in face Needs additional   | Reported                                 |
| 2. 2             | Part Bolted wide Needs 1crib   | Corrected                                |
| 3. 3             | Damaged Bolts  | <del>Corrected</del> Reported            |
| 4. 3R            | 4ft Ledge  | Corrected                                |
| 5. 4             | Damaged Bolts  | Reported                                 |
| 6. 5             | Needs cleaned & dusted   | Reported                                 |
| 7. SR            | 4ft Ledge  | Reported                                 |
| 8. 6<br>6R<br>6R | Not Bolted<br>2 Missing Bolts<br>outby Damaged Bolts<br>Examinations for Methane in Working Places | Reflector Hung<br>Reported<br>Danger off |

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control plan with entire crew at end of track

[Signature]  
Assistant Mine

1664-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2872  
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-5-2009 Section or Area Examined #3 Section
Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Sharon Madue Time A.M. 255 P.M.
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1 through #8, including '0% Ch4', 'Gobbin Face, needs added cleaning', 'Part Bolted', 'needs cleaned dusted, needs spot bolted', 'Damaged bolts in FACE', 'needs added cleaning', 'Part Bolted', 'Part bolted, 1 row down', and 'Damaged bolts'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: Lt Lab 22,620, Rt Lab 21,380.

Remarks: Power chargers, track, travel ways, outby chamber, 12 hole phone on at time of exam

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 [Signature] Preshift-Mine Examiner Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28734
[Signature] Assistant Foreman Certificate No. 1659-A
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-5-09 Shift EVENING Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

| Location     | Violation or Hazardous Condition         | Action taken       |
|--------------|--|--------------------|
| 1. #1        | Chain Fall, needs cleaned                | Reported           |
| 2. #2        | Part bolted                              | Reported, Rejected |
| 3. #3        | Needs cleaned checked, needs spot bolted | Reported, Rejected |
| 4. #4        | Damaged bolts in face                    | Damaged off        |
| 5. #5        | Needs Added cleaning                     | Reported           |
| 6. #6        | Part Bolted                              | Rejected           |
| 7. #6R inby  | Part Bolted, walk down                   | Rejected           |
| 8. #6R outby | Damaged bolts                            | Damaged off        |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location     | Time    | Methane Content    | Location | Time | Methane Content |
|--------------|---------|--------------------|----------|------|-----------------|
| 1. Lt Return | 4:30 PM | 0% CH <sub>4</sub> | 6.       |      |                 |
| 2. Rt Return | 5:00 PM | ↓                  | 7.       |      |                 |
| 3.           |         |                    | 8.       |      |                 |
| 4. Lt Return | 8:30 PM |                    | 9.       |      |                 |
| 5. Rt Return | 9:00 PM |                    | 10.      |      |                 |

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 3 of S1 Guidelines with entire crew at end of track

Don Wilkins  
Assistant Mine

1659-A  
Certificate No.

Reid Foster  
Mine Foreman-Mine Manager

2873  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination Nov. 5 2009 Section or Area Examined 3-Section  
 Time of Examination: from 1010 a.m. or p.m. to 1050 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Jim Williams Time A.M. 10:57 P.M.  
 Report received by Secary Burcho J.F. (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location    | Violation or Hazardous Condition                 | Action Taken        |
|-------------|--|---------------------|
| 1. 1-2      | Ch <sup>4</sup> o.o.f. Gob in face 2 Part bolted | Reported, Reflected |
| 2. 3        | None observed                                    | None                |
| 3. 3L       | Ledge  | Danger off          |
| 4. 4        | Damage, Loose, Brake Bolts                       | Danger off          |
| 5. 5        | cleaned and Dusted                               | Reported            |
| 6. 5 Rt     | Ledge  | Danger off          |
| 7. 6        | not Bolted                                       | Reflector off       |
| 8. 6R Inby  | 1 Row damaged Bolt                               | Reflector off       |
| 9. 6R outby | Damage, Loose, Brake Bolts                       | Danger off          |
| 10.         |  |                     |

Air Measurements

| Location | CFM    | Location | CFM |
|----------|--------|----------|-----|
| Lt LOB   | 21,560 |          |     |
| Rt LOB   | 20,282 |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |

Remarks: Ch<sup>4</sup> 0.0% CO 0% O<sub>2</sub> 20.8% at time of exam.  
Powercenter, chargers, travelways clear at time of exam  
Outby Chamber, Intake Phase ok at time of exam.

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

Signed By Jim Williams 1659-A Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Rick Foster 2873 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 Nov 6, 07 Shift owl Area or Section B-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                  | Time         | Methane Content | Location  | Time | Methane Content |
|---------------------------|--------------|-----------------|-----------|------|-----------------|
| 1. <u>Ch<sup>11</sup></u> | <u>0.0%</u>  |                 | 11. _____ |      |                 |
| 2. <u>00</u>              | <u>0%</u>    |                 | 12. _____ |      |                 |
| 3. <u>02</u>              | <u>20.8%</u> |                 | 13. _____ |      |                 |
| 4. _____                  |              |                 | 14. _____ |      |                 |
| 5. _____                  |              |                 | 15. _____ |      |                 |
| 6. _____                  |              |                 | 16. _____ |      |                 |
| 7. _____                  |              |                 | 17. _____ |      |                 |
| 8. _____                  |              |                 | 18. _____ |      |                 |
| 9. _____                  |              |                 | 19. _____ |      |                 |
| 10. _____                 |              |                 | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time | Methane Content |
|--------------|----------------|-----------------|-----------|------|-----------------|
| 1. <u>#7</u> | <u>5:49 AM</u> | <u>0.0%</u>     | 6. _____  |      |                 |
| 2. <u>#1</u> | <u>5:00 AM</u> | <u>0.0%</u>     | 7. _____  |      |                 |
| 3. _____     |                |                 | 8. _____  |      |                 |
| 4. _____     |                |                 | 9. _____  |      |                 |
| 5. _____     |                |                 | 10. _____ |      |                 |

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

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

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

[Signature] Assistant Mine      1759A Certificate No.      [Signature] Mine Foreman-Mine Manager      28736 Certificate No.      Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-6-09 20 Section or Area Examined 3 Section  
Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Jeremy Burdough Time 5:55 A.M. P.M.  
Report received by Rick Foster  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                          | Violation or Hazardous Condition | Action Taken |
|-----------------------------------|----------------------------------|--------------|
| 1. #1 entry, O <sub>2</sub> 14.7  | got in face                      | reported     |
| 2. #2 entry, O <sub>2</sub> 14.7  | " " "                            | "            |
| 3. #3 entry, O <sub>2</sub> 14.7  | none observed                    | none         |
| 4. #4 entry, O <sub>2</sub> 14.7  | damaged bolts                    | damaged off  |
| 5. #5 entry, O <sub>2</sub> 14.7  | needs cleaned & dented           | reported     |
| 6. #6 entry, O <sub>2</sub> 14.7  | not bolted                       | reflected    |
| 7. #5 x left, O <sub>2</sub> 14.7 | ledge                            | reflected    |
| 8. #2 x left, O <sub>2</sub> 14.7 | ledge                            | reported     |
| 9.                                |                                  |              |
| 10.                               |                                  |              |

Air Measurements

| Location     | CFM    | Location | CFM |
|--------------|--------|----------|-----|
| left L.O.X.  | 24,097 |          |     |
| right L.O.X. | 19,465 |          |     |
|              |        |          |     |
|              |        |          |     |
|              |        |          |     |
|              |        |          |     |
|              |        |          |     |
|              |        |          |     |
|              |        |          |     |

Remarks: 20.8% O<sub>2</sub>, O<sub>2</sub> 14.7, 0% CO, track, travelways  
power center, scoop chaper clear at time of  
exam.  
Outby shelter clear at time of exam.

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

Signed By Jeremy Burdough 1755-A  
Preshift-Mine Examiner Certificate No.  
Countersigned Rick Foster 2873L Assistant Foreman Certificate No. 16647A  
Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-6-7 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as 'GoB in face', 'damaged Bolts', 'Needs cleaned & dusted', 'Not Bolted', 'Ledge'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 20 rows of handwritten entries, mostly showing '0%' methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries for return air courses, showing '0%' methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Wore over pages of Roof control Plan with entire curv at End of Track

Signatures and Certificates: Assistant Mine (Sh...), Certificate No. 1664-A, Mine Foreman-Mine Manager (Rick...), Certificate No. 28734, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-6 Section or Area Examined #3 Section
Time of Examination: from 2:00 a.m. or (p.m.) to 2:50 a.m. or (p.m.)
Was this report phoned to outside Yes X no
By whom Shannon Peardine Time A.M 255 P.M.
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1 through #9, including violations like 'Crib in FACE, needs cleaned' and actions like 'Reported', 'Damaged O.F.', 'Part Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Lt Lob 23,250' and 'Rt Lob 22,100'.

Remarks: Powercenter, chargers, track, travelways, outby chamber, intake phone OK at time of exam

% Ch4 20.8% O2 % Co

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1664-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28724
Assistant Foreman [Signature] Certificate No. 1659-A
Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-6-09 Shift EVENING Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

| Location                   | Violation or Hazardous Condition         | Action taken                         |
|----------------------------|--|--------------------------------------|
| 1. #1                      | Gob in face, needs cleaned               | CORRECTED                            |
| 2. #2                      | needs cleaned & dusted                   | cleaned & dusted                     |
| 3. #3L                     | LEDGE                                    | CORRECTED                            |
| 4. #3                      | needs added cleaning                     | cleaned                              |
| 5. #4f                     | DAMAGED BOLTS                            | Reported, damaged off                |
| 6. #5                      | needs added cleaning                     | Reported                             |
| 7. #6                      | Part Bolted                              | Reported, REFILE done                |
| 8. #6R in by<br>#6R out by | Part bolted, 1 row down<br>damaged bolts | Reported, REFILE done<br>DAMAGED OFF |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location     | Time    | Methane Content    | Location | Time | Methane Content |
|--------------|---------|--------------------|----------|------|-----------------|
| 1. Lt Return | 4:30 PM | 0% CH <sub>4</sub> | 6.       |      |                 |
| 2. Rt Return | 5:00 PM |                    | 7.       |      |                 |
| 3.           |         |                    | 8.       |      |                 |
| 4. Lt Return | 8:30 PM |                    | 9.       |      |                 |
| 5. Rt Return | 9:00 PM | ✓                  | 10.      |      |                 |

Number of Bolts Tested 14  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety discussion and did smoke search with ENTIRE CREW AT END OF TRACT

Jim P. Ellis Assistant Mine Certificate No. 1659-D  
Rick Miller Mine Foreman-Mine Manager Certificate No. 2873  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Nov 6 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:00 a.m. or P.M. to 10:30 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom Tim Williams Time A.M. 11:13 P.M.
Report received by Jeremy Bughoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-7 and their corresponding violations and actions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data for Lt LOB and Rt LOB.

Remarks: Ch 0.090 CO 0.00 O2 20.8% at time of exam
Powercenter, charger, travelways clear at time of exam
Outby chamber, Intake Phase OK

This is to certify that: (A) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Tim Williams Certificate No. 1659-A
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 2973C
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 Nov 7, 09 Shift 0-1 Area or Section B-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time         | Methane Content | Location  | Time  | Methane Content |
|--------------------------|--------------|-----------------|-----------|-------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0%</u>  | -----           | 11. ----- | ----- | -----           |
| 2. <u>CO</u>             | <u>0%</u>    | -----           | 12. ----- | ----- | -----           |
| 3. <u>O<sup>2</sup></u>  | <u>20.8%</u> | -----           | 13. ----- | ----- | -----           |
| 4. -----                 | -----        | -----           | 14. ----- | ----- | -----           |
| 5. -----                 | -----        | -----           | 15. ----- | ----- | -----           |
| 6. -----                 | -----        | -----           | 16. ----- | ----- | -----           |
| 7. -----                 | -----        | -----           | 17. ----- | ----- | -----           |
| 8. -----                 | -----        | -----           | 18. ----- | ----- | -----           |
| 9. -----                 | -----        | -----           | 19. ----- | ----- | -----           |
| 10. -----                | -----        | -----           | 20. ----- | ----- | -----           |

Examinations for Methane in Return Aircourses

| Location     | Time          | Methane Content | Location  | Time  | Methane Content |
|--------------|---------------|-----------------|-----------|-------|-----------------|
| 1. <u>#7</u> | <u>5:03am</u> | <u>0.0%</u>     | 6. -----  | ----- | -----           |
| 2. <u>#1</u> | <u>5:51am</u> | <u>0.0%</u>     | 7. -----  | ----- | -----           |
| 3. -----     | -----         | -----           | 8. -----  | ----- | -----           |
| 4. -----     | -----         | -----           | 9. -----  | ----- | -----           |
| 5. -----     | -----         | -----           | 10. ----- | ----- | -----           |

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

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

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

[Signature] Assistant Mine  
1789A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
28734 Certificate No.  
 Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7 2009 Section or Area Examined #3
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Jeremy Burduff Time 6:00 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '1 Entry 0% CH4', 'GoB in face', 'Reported', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: L HOB 2155, R HOB 24060.

Remarks: Power center Intake Phone out by chamber Travelways clear at time of exam

CH4 0% O2 20.8 CO 0

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1755-A Certificate No. 28736 Assistant Foreman [Signature] Certificate No. 1664-A
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-7-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

| Location                         | Violation or Hazardous Condition                  | Action taken                            |
|----------------------------------|---|---|
| 1. <u>1</u>                      | <u>GoB in face</u>                                | <u>Reported</u>                         |
| 2. <u>2</u>                      | <u>Needs cleaned &amp; dusted,</u>                | <u>Reported</u>                         |
| 3. <u>2R</u>                     | <u>Not Bolted</u>                                 | <u>Corrected</u>                        |
| 4. <u>3</u>                      | <u>Needs additional cleaning</u>                  | <u>Corrected</u>                        |
| 5. <u>4</u>                      | <u>Damaged Bolts</u>                              | <u>Reported</u>                         |
| 6. <u>5</u>                      | <u>Needs cleaned &amp; dusted</u>                 | <u>Corrected</u>                        |
| 7. <u>6</u>                      | <u>Not Bolted</u>                                 | <u>Corrected</u>                        |
| 8. <u>GR In</u><br><u>GR out</u> | <u>Need 1 Row Bolts.</u><br><u>Damaged Bolts.</u> | <u>Reported</u><br><u>Dangerred OSS</u> |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_  
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) Limit over page 5 of Roof Control Plan  
with entire crew at end of track

[Signature]  
Assistant Mine

11064-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2873L  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-7 Section or Area Examined #3 Section  
Time of Examination: from 200 a.m. or 250 a.m. or 2009 p.m.  
Was this report phoned to outside: Yes  no   
By whom Shannon Padgett Time 255 A.M. P.M.  
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |                    |
|----------|----------------------------------|--------------|--------------------|
| 1. #1    | 0% Ch4                           | 60s in FACE  | Reported           |
| 2. #2R   | not bolted                       |              | Reported, Relected |
| 3. 3R    | Scrap cut                        |              | Reported           |
| 4. 4     | Damaged bolts in FACE            |              | Dangerous off      |
| 5. 5R    | Part Bolted                      |              | Reported, Relected |
| 6. 5R    | Needs cleaned & dusted           |              | Reported           |
| 7. 6     | Ledge                            |              | Dangerous off      |
| 8. 6R    | 1 Row down                       |              | Reported, Relected |
| 9. 6R    | Damaged bolts                    |              | Dangerous off      |
| 10.      |                                  |              |                    |

Air Measurements

| Location | CFM    | Location | CFM |
|----------|--------|----------|-----|
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
| LT LOB   | 22,400 |          |     |
| Rt LOB   | 21,100 |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |

Remarks: Power center, chargers, track, tractors, outby chamber & intake  
phone off at time of exam

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 [Signature] Certificate No. 1664-A  
Countersigned [Signature] Mine Manager - Mine 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 11-7-09 Shift EVENING Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

| Location                                 | Violation or Hazardous Condition                | Action taken                                   |
|--|---|--|
| 1. <u>#1</u>                             | <u>COB in FACE</u>                              | <u>WORKED on it, still needs more</u>          |
| 2. <u>#2R</u>                            | <u>not Bolted</u>                               | <u>Corrected</u>                               |
| 3. <u>#3R</u>                            | <u>SCRAP cut</u>                                | <u>Corrected</u>                               |
| 4. <u>#4</u>                             | <u>Damaged bolts in FACE</u>                    | <u>Corrected</u>                               |
| 5. <u>#5</u>                             | <u>Part Bolted</u>                              | <u>Corrected</u>                               |
| 6. <u>#5R</u>                            | <u>needs cleaned dusted</u>                     | <u>cleaned dusted</u>                          |
| 7. <u>#6</u>                             | <u>Ledge</u>                                    | <u>Removed, Damaged off</u>                    |
| 8. <u>#6R in by</u><br><u>#6R out by</u> | <u>1 Row bolts down</u><br><u>Damaged Bolts</u> | <u>Removed, Replaced</u><br><u>Damaged off</u> |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location            | Time           | Methane Content          | Location | Time | Methane Content |
|---------------------|----------------|--------------------------|----------|------|-----------------|
| 1. <u>Lt Return</u> | <u>4:30 PM</u> | <u>0% CH<sub>4</sub></u> | 6.       |      |                 |
| 2. <u>Rt Return</u> | <u>5:00 PM</u> | ↓                        | 7.       |      |                 |
| 3.                  |                |                          | 8.       |      |                 |
| 4. <u>Lt Return</u> | <u>8:30 PM</u> |                          | 9.       |      |                 |
| 5. <u>Rt Return</u> | <u>9:00 PM</u> |                          | 10.      |      |                 |

Number of Bolts Tested 10  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over FIRE FIGHTING RESPONSIBILITIES  
with CREW at end of track

Jim W. [Signature]  
Assistant Mine

1659A  
Certificate No.

Rick Foster  
Mine Foreman-Mine Manager

2875C  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7 2021 Section or Area Examined #3 section
Time of Examination: from 10:00 a.m. or 8 a.m. to 10:50 a.m. or 8 p.m.
Was this report phoned to outside: Yes no
By whom Jim Williams Time 1115 P.M.
Report received by J. May Cole 1947-A (Signed)

Table with 4 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Rows include locations like '2', '2R', '3', '4', '5', '6', '6R INBY', '6R OUTBY' with corresponding violations such as 'GoB IN Face', '3Ft Ledge IN Face', 'Not Bolted', 'Scrap', '3Ft Ledge outBy Face', 'Part Bolted 1 Row Down', 'Damaged Bolts'.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Data includes 'LOB Lt 21,624' and 'Rt 20,286'.

Whole section needs added cleaning

Remarks: Power centers, Track, Travelways, outBy chamber, Intake Phone OK At time of exam

0% Ch4 20.8% O2 0ppm C.O. Detected 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 Jim Williams Preshift-Mine Examiner Certificate No. 1659-A
Countersigned Rich Foster Mine Manager-Mine Foreman Certificate No. 2874
Assistant Foreman

J. May Cole 1947-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-8 2009 Section or Area Examined 3 section  
Time of Examination: from 3:00 a.m. or p.m. to 3:15 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Report received by Blought out (Signed) Time A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section Idle.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB Lt 21,672. Row 2: Rt 20,356.

Remarks: Power centers, Travelways, chargers, outBy Chamber, INTAKE Phone OK At time of exam

0% CH4 20.8% O2 0 PPM C.O.

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] Pre-shift Mine Examiner Certificate No. 1947A  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736

Assistant Foreman Superintendent or Assistant Jay Stenot 39199

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 11-8 2009 Section or Area Examined B Section  
Time of Examination: from 12 a.m. or (p.m) to 3 a.m. or (p.m)  
Was this report phoned to outside: Yes  no   
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2.                     |                                  |              |
| 3.                     |                                  |              |
| 4.                     |                                  |              |
| 5.                     |                                  |              |
| 6.                     |                                  |              |
| 7.                     |                                  |              |
| 8.                     |                                  |              |
| 9.                     |                                  |              |
| 10.                    |                                  |              |

Air Measurements

| Location      | CFM           | Location | CFM |
|---------------|---------------|----------|-----|
| <u>LOB Rt</u> | <u>19,160</u> |          |     |
| <u>LF</u>     | <u>21,872</u> |          |     |
|               |               |          |     |
|               |               |          |     |
|               |               |          |     |
|               |               |          |     |
|               |               |          |     |
|               |               |          |     |
|               |               |          |     |
|               |               |          |     |

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at etam  
Track, Travelway, Powercenter, Chargers, D-Box OK at etam  
Chamber OK at etam  
Intake Phone OK etam

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

Signed By Jay Stewart 39199  
Preshift-Mine Examiner Certificate No.  
Countersigned Rick Foster 26732  
Mine Manager Mine Foreman Assistant Foreman Certificate No.  
Assistant Foreman  
Superintendent or Assistant

Use Indefilble  
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 11-8 20. 9 Section or Area Examined #3
Time of Examination: from 8:40 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '#1', 'no', 'Rep', 'need clean dust', 'Drop off', 'DANGER sign hanging', 'SCRAP', 'Reflected', 'DANGER sign', 'need clean'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: LT, 20,543; RT, 20,410.

Remarks: No 44 deck, 0% 20,502 CO2
No clean tracks travelways clean - fresh air 4' + phone clean water around lower center

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. 29061
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28734
Assistant Foreman [Signature] Certificate No. 1789-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/09/09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location                 | Time         | Methane Content | Location  | Time | Methane Content |
|--------------------------|--------------|-----------------|-----------|------|-----------------|
| 1. <u>Ch<sup>4</sup></u> | <u>0.0%</u>  |                 | 11. _____ |      |                 |
| 2. <u>CO</u>             | <u>0%</u>    |                 | 12. _____ |      |                 |
| 3. <u>O<sub>2</sub></u>  | <u>20.8%</u> |                 | 13. _____ |      |                 |
| 4. _____                 |              |                 | 14. _____ |      |                 |
| 5. _____                 |              |                 | 15. _____ |      |                 |
| 6. _____                 |              |                 | 16. _____ |      |                 |
| 7. _____                 |              |                 | 17. _____ |      |                 |
| 8. _____                 |              |                 | 18. _____ |      |                 |
| 9. _____                 |              |                 | 19. _____ |      |                 |
| 10. _____                |              |                 | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time | Methane Content |
|--------------|----------------|-----------------|-----------|------|-----------------|
| 1. <u>#7</u> | <u>5:49 AM</u> | <u>0.0%</u>     | 6. _____  |      |                 |
| 2. <u>#1</u> | <u>5:04 AM</u> | <u>0.0%</u>     | 7. _____  |      |                 |
| 3. _____     |                |                 | 8. _____  |      |                 |
| 4. _____     |                |                 | 9. _____  |      |                 |
| 5. _____     |                |                 | 10. _____ |      |                 |

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

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

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

[Signature] Assistant Min.      1752A Certificate No.      [Signature] Mine Foreman-Mine Manager      2823 Certificate No.      Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-9 2009 Section or Area Examined #3

Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes  no

By whom Jeremy Burdick Time 6:00 A.M. P.M.

Report received by [Signature]  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                        | Violation or Hazardous Condition | Action Taken          |
|---------------------------------|----------------------------------|-----------------------|
| 1. <u>1 Entry 0% CH4</u>        | <u>GoB in face</u>               | <u>Reported</u>       |
| 2. <u>2</u>                     | <u>Needs cleaned + dusted</u>    | <u>Reported</u>       |
| 3. <u>3</u>                     | <u>Needs cleaned + dusted</u>    | <u>Reported</u>       |
| 4. <u>3R</u>                    | <u>Scrap cut</u>                 | <u>Reflector Hung</u> |
| 5. <u>4</u>                     | <u>Needs cleaned + dusted</u>    | <u>Reported</u>       |
| 6. <u>5</u>                     | <u>Part Bolted</u>               | <u>Reflector Hung</u> |
| 7. <u>6</u>                     | <u>Needs additional cleaning</u> | <u>Reported</u>       |
| 8. <u>GR Inby</u>               | <u>1 Row Short</u>               | <u>Reflector Hung</u> |
| 9. <u>GR Outby/Entry 0% CH4</u> | <u>Damaged Bolts</u>             | <u>Dangerred off</u>  |
| 10. _____                       | _____                            | _____                 |

Air Measurements

| Location     | CFM          | Location | CFM   |
|--------------|--------------|----------|-------|
| <u>L LOB</u> | <u>22381</u> | _____    | _____ |
| <u>R LOB</u> | <u>20620</u> | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |

Remarks: Powercenter Tracelways Intake phone and Outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

Outby in #6 hedge Dangerred off

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] 1159-A Certificate No. 2822 Assistant Foreman [Signature] Certificate No. 1664-A

Countersigned [Signature] Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-9-7 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition           | Action taken                                 |
|--------------------------------------|--|--|
| 1. <u>1</u>                          | <u>GAB in face</u>                         | <u>Reported</u>                              |
| 2. <u>2</u>                          | <u>Needs cleaned &amp; dusted</u>          | <u>Corrected</u>                             |
| 3. <u>3</u>                          | <u>Needs cleaned &amp; dusted</u>          | <u>Corrected</u>                             |
| 4. <u>3R</u>                         | <u>Scrap cut</u>                           | <u>Corrected</u>                             |
| 5. <u>4</u>                          | <u>Needs cleaned &amp; dusted</u>          | <u>Corrected</u>                             |
| 6. <u>5</u>                          | <u>part Bolted</u>                         | <u>Corrected</u>                             |
| 7. <u>6</u>                          | <u>Needs additional cleaning</u>           | <u>Corrected</u>                             |
| 8. <u>GR Inby</u><br><u>GR outby</u> | <u>1 Rew Short</u><br><u>Damaged Belts</u> | <u>Reflector Hung</u><br><u>Dangered off</u> |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went out page 5 of Roof Control Plan  
With entire crew at end of Track

Sh...  
Assistant Mine

1661-A  
Certificate No.

Rick...  
Mine Foreman-Mine Manager

2873  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-9-09 Section or Area Examined #3 Section
Time of Examination: from 200 a.m. or (p.m.) to 250 a.m. or (p.m.)
Was this report phoned to outside: Yes X no
By whom SHANNON PERDUE Time A.M. 255 P.M.
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1 through #9 with descriptions of violations like 'Needs cleaned & dusted' and actions like 'Reported'.

Air Measurements

Location CFM Location CFM

Lt Lob 25,800
Rt Lob 23,980

Remarks: Power centers, chargers, tracks, travel ways, outby chambers intake phone OK at time of exam

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 [Signature] Certificate No. 11604-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2873C
Assistant Foreman [Signature] Certificate No. 1659-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-9-09 Shift EVENING Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

| Location    | Violation or Hazardous Condition  | Action taken        |
|-------------|-----------------------------------|---------------------|
| 1. #1       | needs cleaned dusted, Gobion face | Reported            |
| 2. #2       | needs added cleaning              | Reported            |
| 3. #2R      | ledge, needs cleaned              | Dangered off        |
| 4. #3       | Scrap cut                         | Corrected           |
| 5. #4R      | needs cleaned dusted              | Reported            |
| 6. #5       | " "                               | Reported            |
| 7. #6       | Scrap cut                         | Corrected           |
| 8. #6R 1267 | Part bolted, 1 row down           | Reported, Rechecked |
| #6R out by  | DAMAGED BOLTS                     | Dangered off        |

Examinations for Methane in Working Places

| Location | Time          | Methane Content    | Location | Time | Methane Content |
|----------|---------------|--------------------|----------|------|-----------------|
| 1. 1-7   | 4:30-500PM    | 0% CH <sub>4</sub> | 11.      |      |                 |
| 2.       |               |                    | 12.      |      |                 |
| 3. 1-7   | 6:30-700PM    | ↓                  | 13.      |      |                 |
| 4.       |               |                    | 14.      |      |                 |
| 5. 1-7   | 8:30-900PM    |                    | 15.      |      |                 |
| 6.       |               |                    | 16.      |      |                 |
| 7. 1-7   | 10:30-11:00PM |                    | 17.      |      |                 |
| 8.       |               |                    | 18.      |      |                 |
| 9.       |               |                    | 19.      |      |                 |
| 10.      |               | 20.                |          |      |                 |

Examinations for Methane in Return Aircourses

| Location     | Time    | Methane Content    | Location | Time | Methane Content |
|--------------|---------|--------------------|----------|------|-----------------|
| 1. Lt Return | 4:30 PM | 0% CH <sub>4</sub> | 6.       |      |                 |
| 2. Rt Return | 500 PM  | ↓                  | 7.       |      |                 |
| 3.           |         |                    | 8.       |      |                 |
| 4. Lt Return | 8:30 PM |                    | 9.       |      |                 |
| 5. Rt Return | 9:00 PM |                    | 10.      |      |                 |

Number of Bolts Tested 7  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) SAFETY MEETING with mine comm  
At end of shift, discussed Prep Plant AREAS & How road hazards  
Don Williams Assistant Mine 1659-A Certificate No. Rich Zetter Mine Foreman-Mine Manager 2029 Certificate No. Reported by or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Nov 9 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:00 a.m. or 10:50 a.m. or
Was this report phoned to outside: Yes no
By whom Jim Williams Time A.M. 11:02 P.M.
Report received by Jeremy Brighell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'Ch 0.08 Gobin face Clean and Dusted' and 'Needs cleaned and Dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'Lt LOB 25,725' and 'Rt LOB 22,356'.

Section needs added cleaning

Remarks: Ch 0.08 CO 0% O2 20.8% at time of exam.

Travelways, Powercenter, Hadways clear at time of exam.

Outby Chamber, Intake Phase OK at time of exam

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

Signed By [Signature] 1659-A Certificate No. [Signature] 1739-A Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] 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 Nov 10, 09 Shift 0W1 Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken      |                       |
|----------|----------------------------------|-------------------|-----------------------|
| 1.       |                                  |                   |                       |
| 2.       |                                  |                   |                       |
| 3.       | <u>Section Idle</u>              |                   |                       |
| 4.       |                                  |                   |                       |
| 5.       |                                  |                   |                       |
| 6.       | <u>#3 entry</u>                  | <u>Wide - 22'</u> | <u>Set timbers</u>    |
| 7.       | <u>#5R</u>                       | <u>Wide 23'</u>   | <u>Set Sand Jacks</u> |
| 8.       |                                  |                   |                       |

Examinations for Methane in Working Places

| Location | Time       | Methane Content | Location | Time | Methane Content |
|----------|------------|-----------------|----------|------|-----------------|
| 1.       | <u>CH4</u> | <u>0.0%</u>     | 11.      |      |                 |
| 2.       | <u>CO</u>  | <u>0%</u>       | 12.      |      |                 |
| 3.       | <u>O2</u>  | <u>20.8%</u>    | 13.      |      |                 |
| 4.       |            |                 | 14.      |      |                 |
| 5.       |            |                 | 15.      |      |                 |
| 6.       |            |                 | 16.      |      |                 |
| 7.       |            |                 | 17.      |      |                 |
| 8.       |            |                 | 18.      |      |                 |
| 9.       |            |                 | 19.      |      |                 |
| 10.      |            |                 | 20.      |      |                 |

Examinations for Methane in Return Aircourses

| Location | Time      | Methane Content | Location | Time | Methane Content |
|----------|-----------|-----------------|----------|------|-----------------|
| 1.       | <u>#7</u> | <u>5:51 AM</u>  | 6.       |      |                 |
| 2.       | <u>#1</u> | <u>5:02 AM</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) \_\_\_\_\_

James Ruffell  
Assistant Mine

1755A  
Certificate No.

Rick Jantz  
Mine Foreman-Mine Manager

2372  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-10-09 20 Section or Area Examined Portal Section  
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
Was this report phoned to outside: Yes ✓ no \_\_\_\_\_  
By whom Jeromey Burroughs Time 6:00 A.M. P.M.  
Report received by Paul Kater  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition | Action Taken |
|--------------------------------------|----------------------------------|--------------|
| 1. #1 entry O'ch <sub>4</sub>        | gob in face                      | reported     |
| 2. #2 entry O'ch <sub>4</sub>        | needs additional cleaning        | reported     |
| 3. #3 entry O'ch <sub>4</sub>        | scrap cut "22' wide"             | dangered off |
| 4. #4 entry O'ch <sub>4</sub>        | needs chased & dusted            | reported     |
| 5. #4 X right O'ch <sub>4</sub>      | part bolted                      | reflects     |
| 6. 4 X right entry O'ch <sub>4</sub> | 22' wide                         | dangered off |
| 7. 5 X right O'ch <sub>4</sub>       | ledge                            | reported     |
| 8. #5 entry O'ch <sub>4</sub>        | needs additional cleaning        | reported     |
| 9. #6 entry O'ch <sub>4</sub>        | not bolted                       | reflects     |
| 10. #6 X right O'ch <sub>4</sub>     | entry corner needs seal job      | reflects     |

Air Measurements

| Location                   | CFM         | Location | CFM |
|----------------------------|-------------|----------|-----|
| 6 X right "entry room"     | part bolted | reflects |     |
| 7 entry "needs cleaned"    | reported    |          |     |
| 7 X right "entry room" #26 |             |          |     |
| Left L.O. X cut            | 24,277      |          |     |
| right L.O. X cut           | 20,956      |          |     |

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO, truck, travelways,  
power center, scrap clean clear at time of exam.

Outby chamber and Intake Probe off 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 Jeromey Burroughs 1759-H Certificate No. \_\_\_\_\_  
Countersigned Paul Kater Mine Manager - Mine Foreman Assistant Foreman Certificate No. \_\_\_\_\_  
Paul Kater Assistant Foreman Superintendent or Assistant Certificate No. 39058-08

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

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition           | Action taken       |
|----------|--|--------------------|
| 1. 1     | Cobb in Face                               | Ref                |
| 2. 2     | weeds sold? clean                          | Correct            |
| 3. 3     | SCRAUT 22" wide                            |                    |
| 4. 4     | weeds clean & dust                         |                    |
| 5. 4k    | 775 1000                                   |                    |
| 6. 4k    |  |                    |
| 7. 3     | Ledge                                      | Ref                |
| 8. 10e   | weeds sold? clean                          | Ref                |
| 6        | NOT 100 ft in by corner                    |                    |
| 6        | Examinations for Methane in Working Places | needs sand stake!! |

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

Examinations for Methane in Return Aircourses

| Location | Time  | Methane Content | Location | Time | Methane Content |
|----------|-------|-----------------|----------|------|-----------------|
| 1. L Ret | 6:55  | 0               | 6.       |      |                 |
| 2. F Ret | 7:35  | 0               | 7.       |      |                 |
| 3.       |       |                 | 8.       |      |                 |
| 4. L Ret | 10:55 | 0               | 9.       |      |                 |
| 5. R Ret | 11:35 | 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) used SARA talk about EMM work Aier with crew at 6:00 PM.

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-10 Section or Area Examined #3 Section  
 Time of Examination: from 1:00 a.m. or 10 p.m. to 1:55 a.m. or 10 p.m.  
 Was this report phoned to outside: Yes no  
 By whom STEVE HARSH Time AM 2:50 P.M.  
 Report received by TIM WILLIAMS  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

|     | Location  | Violation or Hazardous Condition | Action Taken           |
|-----|-----------|----------------------------------|------------------------|
| 1.  | #1 0% Ch4 | Cob in FACE, bolts wide          | Reported, Re-reflected |
| 2.  | #2        | NONE OBSERVED                    | Reported               |
| 3.  | #3        | NOT Bolted                       | Reported, Re-reflected |
| 4.  | #4        | Part Bolted                      | Reported, Re-reflected |
| 5.  | #5        | Ledge, needs cleaned dusted      | Reported, Scraped off  |
| 6.  | #6        | Scrap cut                        | Reported               |
| 7.  | #6R inby  | Part bolted, 1 Row down          | Reported               |
| 8.  | #6R outby | Damaged bolts                    | Scraped off            |
| 9.  |           |                                  |                        |
| 10. |           |                                  |                        |

Air Measurements

| Location | CFM    | Location | CFM |
|----------|--------|----------|-----|
| Lt Cob   | 24,080 |          |     |
| Rt Cob   | 20,880 |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |

Remarks: Power center, chargers, track, TRAVELER'S, outby chamber  
and it take phone ON at time of EXAM

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 [Signature] Certificate No. 33058-08  
 Pre-shift Mine Examiner  
 CounterSigned [Signature] Certificate No. 28226  
 Mine Manager - Mine Foreman  
[Signature] Assistant Foreman  
 Certificate No. 1654-A  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-10-09 Shift EVENING Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

| Location             | Violation or Hazardous Condition         | Action taken                 |
|----------------------|--|------------------------------|
| 1. <u>#1</u>         | <u>Cabin face, wide bolts TN</u>         | <u>Reported</u>              |
| 2. <u>#2</u>         | <u>NONE</u>                              | <u>Reported</u>              |
| 3. <u>#3</u>         | <u>not bolted</u>                        | <u>CORRECTED</u>             |
| 4. <u>#4</u>         | <u>Part Bolted</u>                       | <u>CORRECTED</u>             |
| 5. <u>#5</u>         | <u>ledge, nails cleaned &amp; dusted</u> | <u>grated ledge, cleaned</u> |
| 6. <u>#6</u>         | <u>Scrap cut</u>                         | <u>CORRECTED</u>             |
| 7. <u>#6R 1264</u>   | <u>Part Bolted 1 row down</u>            | <u>Reported</u>              |
| 8. <u>#6R out 64</u> | <u>Damaged bolts</u>                     | <u>Reported, Damaged off</u> |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location            | Time           | Methane Content          | Location  | Time  | Methane Content |
|---------------------|----------------|--------------------------|-----------|-------|-----------------|
| 1. <u>Lt Return</u> | <u>4:30 PM</u> | <u>0% CH<sub>4</sub></u> | 6. _____  | _____ | _____           |
| 2. <u>RT Return</u> | <u>5:00 PM</u> | _____                    | 7. _____  | _____ | _____           |
| 3. _____            | _____          | _____                    | 8. _____  | _____ | _____           |
| 4. <u>Lt Return</u> | <u>8:30 PM</u> | _____                    | 9. _____  | _____ | _____           |
| 5. <u>RT Return</u> | <u>9:00 PM</u> | _____                    | 10. _____ | _____ | _____           |

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) HAD Safety Meeting with crew at end of shift, winter alert season

Chris P. Wilton Assistant Mine 1654-2 Certificate No. Rick Zuta Mine Foreman/Mine Manager 22236 Certificate No. Subsidiary or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Nov 10 2009 Section or Area Examined 3-Section
Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tom Williams Time A.M. 11:09 P.M.
Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries like 'ch 0.09% CO2 in face', 'None observed', 'Ledge', 'not Bolted', 'needs cleaned and Dusted', 'needs Dusted', 'Part Bolted 1 Row', 'Dangred off Damage, Loose Broke Bolts'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entries for 'ct COB' (20,527) and 'Rd COB' (21,870).

Remarks: ch 0.09% CO 0% O2 20.8% at time of exam.
Powercenter, travelways, Haulways clear at time of exam.
Outby Chamber, Intake Phase OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Tom Williams Preshift Mine Examiner Certificate No. 1659-A
Countersigned Jeremy Burghoff Mine Manager - Mine Foreman Certificate No. 1759-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 11/11/09 Shift 0m1 Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

| Location            | Violation or Hazardous Condition | Action taken          |
|---------------------|----------------------------------|-----------------------|
| 1. _____            | _____                            | _____                 |
| 2. _____            | _____                            | _____                 |
| 3. _____            | _____                            | _____                 |
| 4. _____            | <u>Section Idle</u>              | _____                 |
| 5. _____            | _____                            | _____                 |
| 6. <u>#5 entry</u>  | <u>Wide</u>                      | <u>Set Sand Jacks</u> |
| 7. <u>#4R entry</u> | <u>Wide</u>                      | <u>Set Sand Jacks</u> |
| 8. _____            | _____                            | _____                 |

Examinations for Methane in Working Places

| Location      | Time         | Methane Content | Location  | Time  | Methane Content |
|---------------|--------------|-----------------|-----------|-------|-----------------|
| 1. <u>CH4</u> | <u>0.0%</u>  | _____           | 11. _____ | _____ | _____           |
| 2. <u>CO</u>  | <u>0%</u>    | _____           | 12. _____ | _____ | _____           |
| 3. <u>O2</u>  | <u>20.8%</u> | _____           | 13. _____ | _____ | _____           |
| 4. _____      | _____        | _____           | 14. _____ | _____ | _____           |
| 5. _____      | _____        | _____           | 15. _____ | _____ | _____           |
| 6. _____      | _____        | _____           | 16. _____ | _____ | _____           |
| 7. _____      | _____        | _____           | 17. _____ | _____ | _____           |
| 8. _____      | _____        | _____           | 18. _____ | _____ | _____           |
| 9. _____      | _____        | _____           | 19. _____ | _____ | _____           |
| 10. _____     | _____        | _____           | 20. _____ | _____ | _____           |

Examinations for Methane in Return Aircourses

| Location     | Time           | Methane Content | Location  | Time  | Methane Content |
|--------------|----------------|-----------------|-----------|-------|-----------------|
| 1. <u>#7</u> | <u>5:45 AM</u> | <u>0.0%</u>     | 6. _____  | _____ | _____           |
| 2. <u>#1</u> | <u>5:00 AM</u> | <u>0.0%</u>     | 7. _____  | _____ | _____           |
| 3. _____     | _____          | _____           | 8. _____  | _____ | _____           |
| 4. _____     | _____          | _____           | 9. _____  | _____ | _____           |
| 5. _____     | _____          | _____           | 10. _____ | _____ | _____           |

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

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

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

[Signature] Assistant Mine Foreman  
1759-A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
2873 Certificate No.  
 Superintendent or Assistant



Date of Examination 11-11-09 20. Section or Area Examined #3 Section  
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned outside: Yes  no   
 By whom Jeremmy Burdough Time 6:01 A.M. P.M.  
 Report received by Paul Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location             | Violation or Hazardous Condition | Action Taken |
|----------------------|----------------------------------|--------------|
| 1. #1 entry, O'Leary | got in face wide Bolts           | reported     |
| 2. #2 entry, O'Leary | needs chandel & ducts            | reported     |
| 3. #3 entry, O'Leary | not lotted                       | reflector    |
| 4. #4 entry, O'Leary | none observed                    | none         |
| 5. #5 entry, O'Leary | none observed                    | none         |
| 6. #6 entry, O'Leary | not lotted                       | reflector    |
| 7.                   |                                  |              |
| 8. #6 x R, wby       | PART BOLTED 1 Row down           | rep.         |
| 9.                   |                                  |              |
| 10.                  |                                  |              |

Air Measurements

| Location | CFM  | Location | CFM |
|----------|------|----------|-----|
| L LOB    | 2104 |          |     |
| R LOB    | 2136 |          |     |
|          |      |          |     |
|          |      |          |     |
|          |      |          |     |
|          |      |          |     |
|          |      |          |     |
|          |      |          |     |
|          |      |          |     |

Remarks: Power center and roadways clear at time of exam  
 CH4 0% Or 20.8%

Intake Phase 04 at time of exam  
 Outlets Helder 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 Jeremmy Burdough Certificate No. 1759A  
 Countersigned Paul Foster Certificate No. 28734 Assistant Foreman  
Paul Foster Assistant Foreman  
Paul Foster Superintendent or Assistant  
3900808 Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-11 Shift DAY Area or Section BAMER

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. #1    | Gobs under Bolts                 | Rep          |
| 2. 2     | Needs cleaned/dusted             | correctly    |
| 3. 3     | NOT BOLTED                       |              |
| 4. 6     | NOT BOLTED                       |              |
| 5.       |                                  |              |
| 6.       |                                  |              |
| 7.       |                                  |              |
| 8.       |                                  |              |

Examinations for Methane in Working Places

| Location | Time        | Methane Content | Location | Time | Methane Content |
|----------|-------------|-----------------|----------|------|-----------------|
| 1. 1-6   | 7:15-7:40   | 0               | 11.      |      |                 |
| 2.       |             |                 | 12.      |      |                 |
| 3. 1-6   | 9:00-9:30   | 0               | 13.      |      |                 |
| 4.       |             |                 | 14.      |      |                 |
| 5. 1-6   | 11:00-11:30 | 0               | 15.      |      |                 |
| 6.       |             |                 | 16.      |      |                 |
| 7. 1-6   | 1:00-1:30   | 0               | 17.      |      |                 |
| 8.       |             |                 | 18.      |      |                 |
| 9.       |             |                 | 19.      |      |                 |
| 10.      |             |                 | 20.      |      |                 |

Examinations for Methane in Return Aircourses

| Location    | Time  | Methane Content | Location | Time | Methane Content |
|-------------|-------|-----------------|----------|------|-----------------|
| 1. L Return | 7:10  | 0               | 6.       |      |                 |
| 2. R Return | 7:45  | 0               | 7.       |      |                 |
| 3.          |       |                 | 8.       |      |                 |
| 4. L Ret    | 10:55 | 0               | 9.       |      |                 |
| 5. R Return | 11:35 | 0               | 10.      |      |                 |

Number of Bolts Tested 6  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over B. & Para 4-7 with  
open at 7:30 AM

Assistant Mine [Signature] Certificate No. 2905805  
Mine Foreman-Mine Manager [Signature] Certificate No. 2873  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-11-09 Section or Area Examined #3 Section  
 Time of Examination: from 1:00 a.m. or 2 p.m. to 1:55 a.m. or 2 p.m.  
 Was this report phoned to outside: Yes no  
 By whom STEVE HARRAL Time 2:00 A.M. P.M.  
 Report received by Tim Williams  
 (Signed)

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

|     | Location               | Violation or Hazardous Condition | Action Taken       |
|-----|------------------------|----------------------------------|--------------------|
| 1.  | #1 0% Ch <sub>4</sub>  | 2 rows wide bolts                | Reported, Replaced |
| 2.  | #2 0% Ch <sub>4</sub>  | not bolted                       | Reported, Replaced |
| 3.  | #3R 0% Ch <sub>4</sub> | scrap cut                        | Reported           |
| 4.  | #4 0% Ch <sub>4</sub>  | none observed                    | Reported           |
| 5.  | #5 0% Ch <sub>4</sub>  | none observed                    | Reported           |
| 6.  | #6 0% Ch <sub>4</sub>  | none observed                    | Reported           |
| 7.  |                        |                                  |                    |
| 8.  |                        |                                  |                    |
| 9.  |                        |                                  |                    |
| 10. |                        |                                  |                    |

#### Air Measurements

| Location | CFM    | Location           | CFM |
|----------|--------|--------------------|-----|
| Lt Lob   | 22,135 | 0% Ch <sub>4</sub> |     |
| Rt Lob   | 20,880 | 0% Ch <sub>4</sub> |     |
|          |        |                    |     |
|          |        |                    |     |
|          |        |                    |     |

Remarks: Powercenter, outby chamber, travel ways in take phone  
OK at time of exam

0% Ch<sub>4</sub> 20.8% O<sub>2</sub> 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 Steve Harral Certificate No. 39065-08  
 Countersigned Paul Foster Mine Manager - Mine Foreman Certificate No. 28736  
Tim Williams Assistant Foreman Certificate No. 1659-A  
 Assistant Foreman Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

signed when made

Date 11-11-09 Shift Evening Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as '2 rows wide bolts', 'Not bolted', 'Scrap cut', and 'none observed'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show methane readings of 0% CH4 at various times (4:30-5:00 PM, 6:30-7:00 PM, etc.) at location 1-7.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show methane readings of 0% CH4 at locations like 'Lt Return' and 'Rt Return' at various times.

Number of Bolts Tested 8 Number of Bolts Torqued Above Range 0 Below Range 0

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken. Remarks: Did smoke search at end of track with entire crew. Had 20 min ventilation discussion with entire crew in office before going underground R.C.P. - P. 54 Paragraph 467m

Signatures and Certificates: Assistant Mine (1659-A), Mine Foreman-Mine Manager (Rick Foster), Superintendent or Assistant (2873).

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Nov 11 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:00 a.m. or 9 p.m. to 10:40 a.m. or 9 p.m.
Was this report phoned to outside: Yes no
By whom Tim Williams Time A.M 11:17 P.M.
Report received by Jerry Bell

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4 with violations like 'cob wide Bolts' and 'not Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LT LOB' (21.312) and 'RT LOB' (20.250).

Remarks: Ch 0.0% CO 0% O2 20.8% at time of exam.
Powercenter, travelways, haulways clear at time of exam
outby by chamber, Intake, Phase 04 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] 16594 Certificate No.
Countersigned [Signature] 2873L Certificate No.
Assistant Foreman [Signature] 1789-A Certificate No.
Assistant Foreman
Superintendent or Assistant