

Finished
11-28-09

#3 Section
Portal Section

PRESHIFT - ONSHIFT and DAILY REPORT

Started 11-12-09

Portal Section

Company Performance Coal

Mine UBB

SECTION #3 Portal Section

LOCATION Neama Raleigh WV
Post Office County State

Finished 11-28-09

Form 6-1489
(March 1970)

Budget No. 4-58

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Nov 12, 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. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Section Idk

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. CH4	0.0%		11.		
2. O2	0%		12.		
3. O2	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. #7	4:55 AM	0.0%	6.		
2. #1	4:01 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) _____

[Signature]
Assistant Mine

1759A
Certificate No.

88736
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 11-12-08 Section or Area Examined #3 Portal Section
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Jeremy Burduff Time 5:50 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. Contains 10 rows of inspection data including CH4 percentages and observations like 'Wide Bolts G&B in face' and 'Needs additional cleaning'.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Includes entries for L LOB (20816) and R LOB (22149).

Remarks: Powercenter, travelways, Intake phase, outby chamber
CH4 0% O2 20.8 CO 0

Section Needs additional cleaning

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. 1765-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2072
[Signature] Assistant Foreman Certificate No. 1864-A
[Signature] Assistant of Assistant Certificate No. 390508

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-12 Shift DAY Area or Section Portal

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.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-6.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-5.

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) was over by 4 PARA 5-12

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-12-09 Section or Area Examined #3 SECTION
Time of Examination: from 1:00 a.m. or p.m. to 1:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom STENE HARRAH Time A.M. 245 P.M.
Report received by L.M. WILLIAMS (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including locations like #1, #2, #3, #3L, #4, #5, #5R, #6, #6 outby Cob and violations such as 'Cob in face, wide bolts', 'none observed', 'needs added cleaning', 'scrap cut', 'not bolted', 'part bolted', '3 damaged bolts'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for 'Lt Cob 21,235' and 'Rt Cob 20,400'.

Remarks: POWER CENTER & TRAVELWAYS, 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] Preshift-Mine Examiner Certificate No. 39058-08
Countersigned: [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman 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 11-12-09 Shift FUELING Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 0% Ch4	Gap in face, wide bolts	Reported, Rechecked
2.	#2 0% Ch4	none observed	Reported
3.	#3 0% Ch4	nuts added cleaning	cleaned
4.	#3L 0% Ch4	Scrap cut	Corrected
5.	#4 0% Ch4	none observed	Reported
6.	#5 0% Ch4	Not bolted	Corrected
7.	#5R 0% Ch4	Part Bolted	Corrected
8.	#6 0% Ch4	none observed	Reported
	#6 outby COB 0% Ch4	3 Damaged bolts	Reported, 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% Ch4	11.		
2.			12.		
3. 1-7	6:30-7:00 PM	0% Ch4	13.		
4.			14.		
5. 1-7	8:30-9:00 PM	0% Ch4	15.		
6.			16.		
7. 1-7	10:30-11:00 PM	0% Ch4	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% Ch4	6.		
2. Rt Return	4:55 PM	0% Ch4	7.		
3.			8.		
4. Lt Return	9:00 PM	0% Ch4	9.		
5. Rt Return	8:30 PM	0% Ch4	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 page 4 chapter 9 of RCP with ENTIRE SCREEN AT END SHIFT

Jim Smith
Assistant Mine

1659-A
Certificate No.

Rick Zuta
Mine Foreman-Mine Manager

282X
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 12 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:15 a.m. or 11:10 p.m. to 11:10 a.m. or 11:20 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 11:20 P.M.
 Report received by Jeremy Bushell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>601</u>	<u>CH₄ 0.0%</u> <u>601 in face</u> <u>w/d Bolts</u>	<u>Reflector off</u>
2. <u>2</u>	<u>M/B - not Bolted</u>	<u>Reflector off</u>
3. <u>3</u>	<u>P/B - Part Bolted</u>	<u>Reflector off</u>
4. <u>4-6</u>	<u>Clean and Dusted</u>	<u>Reported</u>
5. <u>5</u>	<u>Scrap cut</u>	<u>Reflector off</u>
6. <u>6</u>	<u>outby last open Bolt ^{3 Damage} Bolts</u>	<u>Reported</u>
7. <u>GR Tuby</u>	<u>Needs clean and Dusted</u>	<u>Reported</u>
8. <u>GR Outby</u>	<u>PART Bolted</u> <u>1 Row down</u>	<u>Reflector off</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>20,720</u>	_____	_____
<u>Rt LOB</u>	<u>20,432</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CH₄ 0.0% CO 0.9% O₂ 20.8% at time of exam
Powercenter, travelways, Outby Chamber, Intake Phone OR
at time of exam

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

Signed By Tim Williams 1659-A Certificate No. _____
 Preshift-Mine Examiner
 Countersigned Mark Zelle 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 13, 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>Ch⁴</u>	<u>0090</u>		11. -----		
2. <u>00</u>	<u>096</u>		12. -----		
3. <u>02</u>	<u>20.890</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>5:09</u>	<u>0.090</u>	6. -----		
2. <u>#1</u>	<u>4:21 AM</u>	<u>0.090</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

18574
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 11-13 20... Section or Area Examined Portal
 Time of Examination: from 4:15 or p.m. to 5:00 or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Buidloff Time 5:55 P.M.
 Report received by S. Haller (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>City 0% Or 20.8%</u>	<u>606 wide Boils</u>	<u>Ref.</u>
2. <u>2</u>	<u>PAIT Bolted</u>	<u>Ref.</u>
3. <u>3</u>	<u>none obser</u>	
4. <u>4</u>	<u>needs cleaned and dusted 1 Bolt changed</u>	<u>Ref.</u>
5. <u>5</u>	<u>NOT Bolted</u>	<u>Ref.</u>
6. <u>6</u>	<u>needs cleaned and dusted</u>	<u>Ref.</u>
7. <u>GR Inby</u>	<u>Needs cleaned and Dusted</u>	<u>Reported</u>
8. <u>GR Outby</u>	<u>Port Bolted 1 Row</u>	<u>Reflector off</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L Lora</u>	<u>21241</u>		
<u>R Lora</u>	<u>20616</u>		

Remarks: Power center and Roadways clear at time of exam
City 0% Or 20.8%

Intake Phase OK 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 [Signature] Certificate No. 1789-A Assistant Foreman
 Countersigned [Signature] Certificate No. 28735 Superintendent or Assistant
 Assistant Foreman [Signature] Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-13 Shift Day Area or Section Foreman

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-6 regarding bolt issues.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-7 with times and zero methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. All entries are blank.

Number of Bolts Tested 10 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 to P 3 PMA 13014

Signatures and titles: 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 11-13 Section or Area Examined #3 Portal Section
 Time of Examination: from 1100 a.m. or 09 p.m. to 1155 a.m. or 09 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve HARRIS Time 240 A.M. 240 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% Ch4 job in FACE, wide bolts	Reported, re-located
#2	0% Ch4 PART Bolted	Reported
#3	0% Ch4 not Bolted	Reported, Re-located
#4	0% Ch4 none observed	Reported
#4R	0% Ch4 none observed	Reported
#5	0% Ch4 SCRAP cut	Reported
#6	0% Ch4 needs cleaned & dusted	Reported
#		
#		
#		
#		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	20,285	0% Ch4	
Rt LOB	20,100	0% Ch4	

Remarks: Power center, travel ways, outby chamber, 12 to the phone
clear 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. 39058-08
 Freshift Mine Examiner
 Countersigned [Signature] Certificate No. 28236
 Mine Manager - Mine Foreman
 Assistant Foreman [Signature] Certificate No. 16574
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-13-09 Shift Evening Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1	0% Ch ₄ Gob in face, wide bolts	Reported
2.	#2	0% Ch ₄ Bolt Bolted	Corrected
3.	#3	0% Ch ₄ not Bolted	Corrected
4.	#4	0% Ch ₄ none observed	Reported
5.	#4R	0% Ch ₄ none observed	Reported
6.	#5	0% Ch ₄ SCAMP cut	Corrected
7.	#6	0% Ch ₄ needs cleaned & dusted	Reported
8.	#6R x69	0% Ch ₄ Bolt Bolted / now down	Reported

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Return	4:58PM	0% Ch ₄	6.		
2. RT Return	4:30PM	0% Ch ₄	7.		
3.			8.		
4. LT Return	8:30PM	0% Ch ₄	9.		
5. RT Return	9:00PM	0% Ch ₄	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 5 chapter 13 of RCLP with ENTIRE CREW and END OF TRACK

Jim Walker
Assistant Mine

1654A
Certificate No.

Reed Zate
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. 13 09 Section or Area Examined 3-Sections
Time of Examination: from 10:00 a.m. or 10:50 a.m. or 11:00 a.m.
Was this report phoned to outside: Yes No
By whom Tim Williams Time A.M. 11:00 P.M.
Report received by Myer Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	Ch ⁴ 0.0% Gob in face (Wide Bolts)	Reflector off
2	2-6 Needs cleaned and Dusted	Reported
3	Part Bolted	Reflector off
4	4-4R-5 none observed	Reported none
5	6R inby Needs cleaned and Dusted	Reported
6	6R outby Part Bolted 1 Row down	Reflector off
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,960		
Rt LOB	21,014		

Remarks: Ch⁴ 0.0% CO₂ 0% O₂ 20.8% at time of exam

Powercenter, travelways, Haulways clear at time of exam

Outby Chamber OK at time of exam

Intake phone not working

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 1659-A Preshift-Mine Examiner Certificate No.
Countersigned Rich Cole 28236 Mine Manager-Mine Foreman Assistant Foreman
Assistant Foreman

Myer Cole 1759-A Assistant Foreman Certificate No.

Myer Cole 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Nov. 19, 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>Ch⁴</u>	<u>0.0%</u>		11.		
2. <u>W</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>5:02 AM</u>	<u>0.0%</u>	6.		
2. <u>#1</u>	<u>5:48 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

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 11-14-09 2009 Section or Area Examined #3 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 Jeremy Burdoff Time 6:00 A.M. P.M.
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 Entry 0% CH ₄	Wide Bolts Gob refuse	Reflector off
2. 2 Entry 0% CH ₄	Needs cleaned & dusted	Reported
3. 3 Entry 0% CH ₄	Needs cleaned & dusted	Reported
4. 3R 0% CH ₄	Needs cleaned & dusted	Reported
5. 4 Entry 0% CH ₄	None Observed	Reflector Hung
6. 4R 0% CH ₄	Part Bolted	Reflector Hung
7. 5 Entry 0% CH ₄	Scrap cut	Reflector Hung
8. 6 Entry 0% CH ₄	Needs cleaned & dusted	Reported
9. 6R Entry 0% CH ₄	Needs cleaned & dusted	Reported
10. 6R outby 0% CH ₄	1 Row short	Reflector Hung
6R 2 brks outby 0% CH ₄	Damaged Bolts Air Measurements	Reflector Hung

Location	CFM	Location	CFM
L LOB	22246		
R LOB	19952		

Remarks: Powermatic Travelways Intake phone outby chamber OK Section Needs additional

Cleaning
CH₄ 0% O₂ 20.8 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 Jeremy Burdoff 1357-A Certificate No. 28734 Assistant Foreman
Countersigned Rick Taylor Mine Manager—Mine Foreman Certificate No. 116641-A
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 11-14-09

Shift

Area or Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	Wide Bolts Gob in face.	Reported
2. 2	Needs cleaned & dusted	Corrected
3. 3	Needs cleaned & dusted	Reported
4. 3R	Needs cleaned & dusted	Corrected
5. 4R	Paint Bolted	Reflector Hung
6. 5	Scrap cut	Corrected
7. 6	Needs cleaned & dusted	Corrected
8. 6R In by 6R Out by 6R 2 Brks out by	Needs cleaned & dusted 1 Row Short Damaged Bolts	Reported Reflector Hung Reflector Hung

Examinations for Methane in Working Places

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. h 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 Paragraph 5-8 with entire crew at end of Truck

Assistant Mine

1664-A Certificate No.

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 11-14 2009 Section or Area Examined #3 Portal Section
Time of Examination: from 200 a.m. or 3 p.m. to 250 a.m. or 3 p.m.
Was this report phoned to outside: Yes (X) no _____
By whom Shannon Perdue Time 255 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 % Ch ₄	Gob in face, wide bolts	Reported, Re-Flashed
2. #2 % Ch ₄	Scrap cut	Reported
3. #3 % Ch ₄	needs cleaned & dusted	Reported
4. #4 #4R % Ch ₄	none observed	Reported
5. #5 % Ch ₄	Scrap cut	Reported
6. #6 % Ch ₄	needs dusted	Reported
7. #6R % Ch ₄	Part Bolted, 1 row down	Reported, Re-Flashed
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Lt Lob	23,200	% Ch ₄	
Rt Lob	21,180	% Ch ₄	
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter, track, travelways, outby chamber, into the phone
clear 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 Shannon Perdue Certificate No. 1664-A
Countersigned Tim Williams Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1659-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 11-14-09 Shift Evening Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Cabin fare, wide bolts	Reported, Rejected
2. #2	Scrap cut	Corrected
3. #3	nails cleaned/dusted	Reported
4. #4 #4R	none observed	Reported
5. #5	Scrap cut	Corrected
6. #6	nails dusted	Dusted
7. #6R	Part bolted, iron down	Reported, Rejected
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	430-450 PM	0% CH ₄	11.		
2.			12.		
3. 1-7	630-658 PM	0% CH ₄	13.		
4.			14.		
5. 1-7	830-855 PM	0% CH ₄	15.		
6.			16.		
7. 1-7	10:34-10:38 PM	0% CH ₄	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	430 PM	0% CH ₄	6.		
2. Rt Return	500 PM	0% CH ₄	7.		
3.			8.		
4. Lt Return	830 PM	0% CH ₄	9.		
5. Rt Return	900 PM	0% CH ₄	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) Went over page 5 chapter 14 of RCP with OFFSHORE CREW at end of TRACK

Don W. Miller
Assistant Mine

1659-A
Certificate No.

Bob Zeta
Mine Foreman-Mine Manager

2873E
Certificate No.

Supervisor of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14 20 9 Section or Area Examined 3 Sectors
Time of Examination: from 1000 a.m. or p.m. to 1050 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T. W. Williams Time A.M. 11:15 P.M.
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0% Ch4 2' of air face	Reflectors hung
2	2-3 4 0% Ch4 needs cleaned & dusted	Reported
3	4R 0% Ch4 Scrap Cut	Reflectors hung
4	5 0% Ch4 needs cleaned & dusted	Reported
5	6 0% Ch4 Scrap Cut	Reflectors hung
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L	20680		
R	20083		

Remarks: 20.8
power center & chargers hullyways air boxes intake 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 T. W. Williams Preshift-Mine Examiner Certificate No. 1659-A
Countersigned Kyle Anderson Mine Manager—Mine Foreman Certificate No. 33238
Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-15 2009 Section or Area Examined Portal
 Time of Examination: from 4:30 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 22,530</u>		
	<u>Rt 20,127</u>		

Remarks: 0% CH4, 20.8% O2, 0PPM CO.
Power Center, Intake Phone, outBy 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] Certificate No. 1447-A
 Proshift-Mine Examiner
 Countersigned [Signature] Certificate No. 28236
 Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 39199
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-15 2009 Section or Area Examined Pontal '3 Section'
 Time of Examination: from 110 a.m. or 6:00 p.m. to 124 a.m. or 6:00 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 Lt</u>	<u>23,160</u>		
<u>Rt</u>	<u>20,670</u>		

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at exam.
Track, Travelway, Chargers, Powercenters OK at exam
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 Jack Stewart 39199
 Preshift-Mine Examiner Certificate No.
 Countersigned Reskate 28234
 Mine Manager—Mine Foreman Assistant Foreman 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 _____ 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 Nov. 15 20 09 Section or Area Examined 3-Section
Time of Examination: from 9:30 a.m. or a.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. 10:45 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 handwritten entries for items 1 through 6.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LT LOB and RT LOB.

Remarks: CH4 0.0% CO 0% O2 20.8% at time of exam.
Powercenter, charger, travelways clear at time of exam.
Haulways needs add cleaning.
Outby chamber and intake phase at 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. 1789-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2873
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 16, 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. <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>5:07 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:46 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 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 11-16 2009 Section or Area Examined #3 Petal 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 JERRY BURGHDAFF 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 7 rows of handwritten entries regarding %Ch4 levels and belt conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for Lt Lob (22,140) and Rt Lob (21,420).

Remarks: Power cables, travel ways, intake phone clear of time of exam.
outlet chamber

% 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] 1759A Certificate No. 25734
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Assistant Foreman
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-16 Shift Day Area or Section #8-1111

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2</u>	<u>weeds cleaned & dug</u>	<u>correct</u>
3. <u>B&R</u>	<u>weeds cleaned & dug</u>	}
4. <u>4</u>	<u>weeds cleaned</u>	
5. <u>5</u>	<u>Part bolted (Row)</u>	
6. <u>6</u>	<u>Part Bolted (Row)</u>	
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>2-6</u>	<u>7:00-7:30</u>	<u>0</u>	11.		
2.			12.		
3. <u>2-6</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>2-6</u>	<u>11:00-11:20</u>	<u>0</u>	15.	<u>28.00</u>	<u>2.00</u>
6.			16.	<u>28.00</u>	<u>2.00</u>
7. <u>2-6</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>Cher</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>Rhet</u>	<u>7:25</u>	<u>0</u>	7.		
3.			8.		
4. <u>Cher</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>Rhe</u>	<u>11:35</u>	<u>0</u>	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) all over G.S. Part 15-16 W.L.

[Signature] Assistant Mine Foreman
[Signature] Mine Foreman-Mine Manager
3905806 Certificate No.
[Signature] Superintendent or Assistant Superintendent

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-16 2009 Section or Area Examined #3 Portal Section
Time of Examination: from 1:00 a.m. or (P.M.) to 1:55 a.m. or (P.M.)
Was this report phoned to outside: Yes no
By whom Steve Hann Time A.M. 3:00 (P.M.)
Report received by [Signature]
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>2 CH4 0% O2 20.8%</u>	<u>Needs cleaned</u>	<u>Reported</u>
2.	<u>3 CH4 0% O2 20.8%</u>	<u>None Observed</u>	<u>Reflector Hung</u>
3.	<u>4R CH4 0% O2 20.8%</u>	<u>Scrap cut</u>	<u>Reflector Hung</u>
4.	<u>5 CH4 0% O2 20.8%</u>	<u>None Observed</u>	<u>Reflector Hung</u>
5.	<u>6 CH4 0% O2 20.8%</u>	<u>Paint Bolted</u>	<u>Reflector Hung</u>
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L hob</u>	<u>20235</u>		
<u>R hob</u>	<u>20185</u>		

Remarks: Powertrac Trackways Intake phone and out by chamber ok at
time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [Signature] 39058208 Preshift-Mine Examiner Certificate No.
Countersigned [Signature] 28736 Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1664-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-16-79 Shift Even Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Needs cleaned</u>	<u>Corrected</u>
2. <u>41R</u>	<u>Scrap cut</u>	<u>Corrected</u>
3. <u>6</u>	<u>Part Bolted</u>	<u>Corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine): Went over page 5 paragraph 21-24 of Roof Control Plan with entire crew at end of Track

Jh Ph Assistant Mine 1661-A Certificate No. Res A Jantz 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 11-16-69 Section or Area Examined #3 Portal Section
Time of Examination: from 9:30 a.m. or 10:00 a.m. to 10:30 a.m. or 11:00 a.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time 10:40 A.M. P.M.
Report received by Gyles C.R. 1147-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 6 entries for violations such as 'GOB IN FACE', 'None observed', 'Cleaned and Dusted', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 entries: LOB LT 20,480 and LOB RT 20,100.

Remarks: 0% CH4, 20.8% O2, 0ppm CO, Detected at time of exam Travelways, Haulageways, Walkways, Powercenters, Intake Phone, Outby Chamber, OK At Time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 11664-A Certificate No. 28736
Countersigned [Signature] 1759-A Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Nov 17, 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>ch⁴</u>	<u>0.0 %</u>	<u>9</u>	11. _____	_____	_____
2. <u>CO</u>	<u>0 %</u>	<u>9</u>	12. _____	_____	_____
3. <u>O²</u>	<u>20.8 %</u>	<u>9</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>5:04 AM</u>	<u>0.0 %</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:58 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

1759AA
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 11/7 20. Section or Area Examined Portal
 Time of Examination: from 5:00 a.m. or p.m. to 9:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. B. ... Time 3:00 P.M.
 Report received by S. H. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 2 CH ₄ % O ₂ 20.8%	needs add'l clean	Rel
2. 3 CH ₄ % O ₂ 20.8%	were observe	
3. 3R CH ₄ % O ₂ 20.8%	Needs dusted	Rel
4. 4 CH ₄ % O ₂ 20.8%	SCRAP cut	Rel
5. 5 CH ₄ % O ₂ 20.8%	weeds cleaned/dusted	Rel
6. 5R CH ₄ % O ₂ 20.8%	needs cleaned/dusted	Rel
7.	missing 2 Bolts	Rel
8. 6 CH ₄ % O ₂ 20.8%	needs add'l clean	Rel
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	21269		
R LOB	21015		

Remarks: Power center and Roadways clear at time of exam
CH₄% O₂ 20.8%

Exhaust Phone OK at time of exam

Out by Chamber 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 Certificate No. 340808
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28236
 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 11-17

Shift DAY

Area or Section # FORTAL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 2	needs Add'l Chw	correctly
2.		
3. 3K	needs dust	
4. 4	SCRAP	
5. 5	needs clean clothes	
6. 5R	needs clean clothes	
7.	missing 2 Bolts	
8. 6	needs Add'l Chw	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Return	7:05		6.		
2. R Return	8:05		7.		
3.	11:25		8.		
4. L Return	11:25		9.		
5. R Return	12:05		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) went over Pg. 5 PAMA 18-20

Assistant Mine Foreman (Signature) Certificate No. Mine Foreman-Mine Manager (Signature) Certificate No. 2323 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-17 2009 Section or Area Examined #3 Portal Section
Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Steve Harrah Time A.M. 2:50 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 handwritten entries such as '2 Entry 0% CH4', 'None Observed', 'Reflector Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for L LOB (22226) and R LOB (21136).

Remarks: Powercenter & Travelways Intake phour, & outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

This is to certify that: (a) This section of the mine was properly examined by me; (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 3038
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman [Signature] Certificate No. 1664A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-17-9 Shift Ev Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	<u>4</u>	<u>Scrapcut Needs cleaned & Dusted, corrected</u>
4.	<u>SR</u>	<u>Needs cleaned & dusted, corrected</u>
5.	<u>G</u>	<u>Gob in face Reported</u>
6.	<u>GR</u>	<u>Part Bolted Corrected</u>
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	<u>2-6</u>	<u>4:30-5:00</u>	11.		
2.			12.		
3.	<u>2-6</u>	<u>6:30-7:00</u>	13.		
4.			14.		
5.	<u>2-6</u>	<u>8:30-9:00</u>	15.		
6.			16.		
7.	<u>2-6</u>	<u>10:30-11:00</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>	6.		
2.	<u>R Ret</u>	<u>5:00</u>	7.		
3.			8.		
4.	<u>L Ret</u>	<u>8:30</u>	9.		
5.	<u>R Ret</u>	<u>9:00</u>	10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof center)
Plan withentire crew at end of Tract Paragraph 21-24

Sh Assistant Mine 1664-A Certificate No. Rick 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 11-17-09 20 Section or Area Examined #3 Section
Time of Examination: from 9:30 a.m. or P.M. to 10:22 a.m. or P.M.
Was this report phoned to outside: Yes [checked] no
By whom Shannon Perdue 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 7 rows of handwritten entries regarding cleaning and dusting needs.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of handwritten air measurement data for 'Left' and 'Right' locations.

Remarks: 0% CH4, 0 ppm CO, 20.8% O2 detected at time of exam. Trench, Travelways, power cables, Intake phase, Intake 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
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 Nov 17, 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. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Section Idle

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0</u>	<u>90</u>	11. _____	_____	_____
2. <u>CO</u>	<u>0</u>	<u>90</u>	12. _____	_____	_____
3. <u>O₂</u>	<u>20.8</u>	<u>90</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>5:05 AM</u>	<u>0.0</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:46 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) _____

Rich Foster
Assistant Mine

28734
Certificate No.

James English
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 11-18 20 Section or Area Examined Portal
 Time of Examination: from 6:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. P. Bredor Time 6:00 P.M.
 Report received by S. Hattal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	2L CH ₄ 0% O ₂ 20.8%	SCRAP	REF
2.	2, 3 & 4 CH ₄ 0% O ₂ 20.8%	needs cleaned & dusted	REF
3.	5 CH ₄ 0% O ₂ 20.8%	SCRAP	REF
4.	6 CH ₄ 0% O ₂ 20.8%	Needs cleaned	REF
5.	6R CH ₄ 0% O ₂ 20.8%	needs dusted	REF
6.	6R entry 0%	Needs cleaned and dusted	Reported
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	24126		
R LOB	18872		

Remarks: Powercenter And Roadways Clear At time of Exam
CH₄ 0% O₂ 20.8%

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 [Signature] 1755-11 Certificate No.
 Preshift Mine Examiner
 Countersigned [Signature] 23736 Assistant Foreman
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant [Signature] 11/18/68

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-18 Shift DAY Area or Section F3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2U</u>	<u>SCAP</u>	<u>Correct</u>
2. <u>2304</u>	<u>Needs changed</u>	
3. <u>6</u>	<u>SCAP</u>	
4. <u>6</u>	<u>Needs changed</u>	
5. <u>GR</u>	<u>Needs changed</u>	
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>4-6</u>	<u>7:00-7:30</u>	<u>0</u>	11.		
2.			12.		
3. <u>2-6</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>2-6</u>	<u>11:00-11:30</u>	<u>0</u>	15.	<u>25.1%</u>	<u>2.1%</u>
6.			16.	<u>25.2%</u>	<u>2.2%</u>
7. <u>2-6</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-Ren</u>	<u>6:55</u>		6.		
2. <u>R-Ren</u>	<u>7:35</u>		7.		
3.			8.		
4. <u>L-Ren</u>			9.		
5. <u>R-Ren</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)

Rest control at 6:50
vent over B 5 PAIA 23-25
[Signature] Assistant Mine
52058-05 Certificate No.
[Signature] Mine Foreman-Mine Manager
2872 Certificate No.
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-18 2009 Section or Area Examined #3 Portal Section
 Time of Examination: from 1:00 a.m. or (p.m.) to 1:55 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Steve Hennah Time A.M. 3:00 (P.M.)
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 2L lower	0% CH ₄ Scrap cut	Reflector hung
2. 2L upper	0% CH ₄ Needs cleaned & dusted	Reported
3. 3	0% CH ₄ Needs cleaned	Reported
4. 4R	0% CH ₄ Needs cleaned & dusted	Reported
5. 5	0% CH ₄ Not Bolted	Reflector hung
6. 6	0% CH ₄ None Observed	Reflector hung
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
h h o b	20175		
R h o b	20500		

Remarks: Power center, Travekways, Intake phone, and outby chamber ok at Time of exam
 CH₄ 0% O₂ 20.8 CO 0

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

Signed By [Signature] Certificate No. 39005-05 Assistant Foreman [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 11-18-9

Shift Ev

Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2L lower</u>	<u>Scrapcut</u>	<u>Corrected</u>
2. <u>2L upper</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3. <u>3</u>	<u>Needs cleaned</u>	<u>Corrected</u>
4. <u>4R</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>5</u>	<u>Not Belted</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>2-6</u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>2-6</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>2-6</u>	<u>8:30-9:00</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>2-6</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 Rest central Plan page 6 paragraphs 29, 30, 31 & 32 with entire crew at end of Tracks

[Signature]
Assistant Mine

1164-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2375
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-18-07 20. Section or Area Examined #3 Section
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Beck Time 10:50 A.M. P.M.
 Report received by Shannon Beck (Signed)

Violations and other Hazardous Conditions Observed and Reported

#	Location	CHM	Violation or Hazardous Condition	Action Taken
1.		OX	Part bolted	Reflected
2.		OX	Needs add. cleaning	Reported
3.	left	OX	Needs cleaned & dusted	Reported
4.		OX	Scrap cut	Reflected
5.		OX	Needs Add. cleaning	Reported
6.	right	OX	Needs Add. cleaning	Reported
7.		OX	Scrap cut	Reflected
8.		OX	Needs cleaned & dusted	Reported
9.	right	OX	Needs cleaned & dusted	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
left	1,000		
right	2,370		

Remarks: OX CHM, open co. 20.25 at dusted at time of exam
Track, Traveling, power, charge, intake phase, intake chamber ok at time of exam

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

Signed By Shannon Beck Preshift-Mine Examiner Certificate No. 1664-A
 Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 2873C
 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 18, 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. <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>4:57 AM</u>	<u>0.0 %</u>	6. -----	-----	-----
2. <u>#1</u>	<u>5:48 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) -----

Asst. Mine Assistant Mine
23736 Certificate No.
Mine Foreman-Mine Manager
Supervisor of Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-19-09 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 to outside: Yes e no
By whom Jerremmy Byrd Time 6:02 A.M. P.M.
Report received by Mark Rester
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry, Dicks	NOT Bolted	Rep
2. 2nd CH40% O2008	wedges cleaned/dusted	Rep
3. 3 CH40% O2008	wedges dusted	Rep
4. 4R, 4, 5 & 6 all CH40% O2008	wedges cleaned/dusted	Rep
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
L LOB	20,066		
R LOB	17563		
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: Power center and roadway's clear at time of exam
CH40% O2 20.8%

Section needs cleaned for
out by chamber clear at time of exam
Intake Phase OK at time of exam for

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 Jerremmy Byrd Certificate No. 1755-12
Preshift-Mine Examiner Assistant Foreman Certificate No.
Countersigned Mark Rester 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 11-19 Shift Day Area or Section 3 Sect. PAM

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>L</u>	<u>NOT Bolted</u>	<u>CONNECT</u>
2. <u>2-22</u>	<u>needs cleaned & adjusted</u>	
3. <u>3</u>	<u>needs cleaned</u>	
4. <u>4R, 4V506</u>	<u>needs cleaned & adjusted</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>7:00-7:30</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-6</u>	<u>9:00-9:30</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-6</u>	<u>11:00-11:30</u>	<u>0</u>	15. <u>00210</u>	_____	<u>202 L</u>
6. _____	_____	_____	16. <u>23000</u>	_____	<u>202 B</u>
7. <u>1-6</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>C Return</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>11:35</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 4 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 Pg. 5 PAM 20-19

[Signature] Assistant Mine Foreman
[Signature] Mine Foreman/Mine Manager
Certificate No. 3908-08

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-A Section or Area Examined #3 Portal Section
 Time of Examination: from 1:00 a.m. or (p.m.) to 2:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time A.M. 3:00 P.M.
 Report received by [Signature] 11664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
L HOB	21500		
R HOB	20285		

Remarks: Powercenter Travelways intake phone, and outby chamber OK at

Time of exam
 CH₄ 0% O₂ 20.8 CO₂ 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] 39058-05 Certificate No.
 Assistant Foreman
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-17-79 Shift EUC Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 6 of Roof Control Plan Paragraphs 32-35 with entire crew at end of Track

81 Ph
Assistant Mine

1664-A
Certificate No.

Resh B
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 19 20 09 Section or Area Examined 3-Section
Time of Examination: from 9:40 a.m. or p.m. to 10:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Sherman Time A.M. 10:55 P.M.
Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	Ch ⁴ 0.0% scrap cut	Reflector off
2	NONE observed	none
3	Clean and Dusted	Reported
4	Needs Add Cleaning	Reported
5	none observed	none
6	Need Dusted	Reported
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LT	21,250		
RT	20,100		

Remarks: Ch⁴ 0.0% CO 0% O₂ 20.8% at time of exam.
Powercenter, ~~at~~ ^{SP} travelways clear at time of exam.
Outby chamber, Intake Phone OK at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1259-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 Nov 20 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.	4 needs clean and Dusted	cleaned and Dusted
7.	5 Needs Add cleaning	cleaned
8.	6R needs Dusted	Dusted

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>4:49am</u>	<u>0.0%</u>	6.		
2. <u>#1</u>	<u>5:43am</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

3122
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-20 20___ Section or Area Examined Partial
 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 D. Bursch Time 7:55 A.M. P.M.
 Report received by S. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH₄ 0.208%</u>	<u>needs addressed</u>	<u>Ref</u>
2. <u>202L CH₄ 0.208%</u>	<u>none observe</u>	<u>NONE</u>
3. <u>CH₄ 0.208%</u>	<u>scrap</u>	<u>Ref</u>
4. <u>CH₄ 0.208%</u>	<u>none observe</u>	<u>NONE</u>
5. <u>550R CH₄ 0.208%</u>	<u>needs cleared addressed</u>	<u>Ref</u>
6. <u>606R CH₄ 0.208%</u>	<u>none observe</u>	<u>NONE</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>21530</u>		
<u>R LOB</u>	<u>20372</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Rodways clear at time of exam
CH₄ 0.208%

Intake Phase OK at time of exam 1759-A
Out by Chamber 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. 1759-A
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman [Signature] Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-20

Shift DAY

Area or Section Part 1 #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	needs drilled	done
2. 3	scrap	
3. RGR	needs clean & drilled	
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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 Ren	8:55	0	6.		
2. R Ren	7:25	0	7.		
3.			8.		
4. L Ren	10:55	0	9.		
5. R Ren	11:25	0	10.		

Number of Bolts Tested 22 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 19.6 Part 9-33 Leo Partner

Signatures: 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 11-20 2009 Section or Area Examined #3 Boral Section
Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Steve Harrah Time A.M. 2:50 P.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 8 rows of entries such as '1 Entry CH4 0% Needs cleaned & dusted Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows: 'L hob 21385', 'R hob 21670'.

Remarks: Powercenter Trunkway intake phone charger & outby chamber ok at Time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39058-08
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman Certificate No. 52261 Note 4-A
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-20-04 Shift EUC

Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Needs cleaned + dusted</u>	<u>Reported</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>Corrected</u>
3. <u>3R</u>	<u>Scrap cut</u>	<u>Corrected</u>
4. <u>6</u>	<u>Needs cleaned</u>	<u>Reported</u>
5. <u>6R</u>	<u>Not Bolted.</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-6</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-6</u>	<u>8:30-9:00</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-6</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 Paragraphs 1-4 with entire crew out end of Trucks

[Signature]
Assistant Mine

1064-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Inspector or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-20-09 20____ Section or Area Examined 3rd
 Time of Examination: from 9:40 a.m. or am to 10:40 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Strom Time 11:00 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</u> <u>ch4 O2</u>	<u>needs cleavel</u>	<u>Reported</u>
2. <u>2</u> <u>O2</u>	<u>Add cleaning</u>	<u>Reported</u>
3. <u>3</u> <u>O2</u>	<u>N/O</u>	<u>none</u>
4. <u>4</u> <u>O2</u>	<u>N/O</u>	<u>none</u>
5. <u>5</u> <u>O2</u>	<u>N/O</u>	<u>none</u>
6. <u>6</u> <u>O2</u>	<u>Add cleaning</u>	<u>Reported</u>
7. <u>UR</u> <u>O2</u>	<u>Clean & dusted</u>	<u>Reported</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>21,400</u>	_____	_____
<u>RT</u>	<u>20,250</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OG 44 O2 CO 205202

PC
Charger
Intake Chare
City Refuge } 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. 16041-A Assistant Foreman
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. [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 _____ 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

3 sec

Date of Examination 11-21-09 Section or Area Examined

Time of Examination: from 4:50 a.m. or p.m. to 5:20 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten data regarding CH4 levels and cleaning needs.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for L+ (21,280) and R+ (20,145).

Remarks: 0% ch4, 20.8% O2, 0ppm C.O. At Time of exam Travelways, walkways, haulageways, Powercenter, chargers, Intake Phone, outBy shelter, OK AT TIME OF exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1447A Assistant Foreman [Signature] Certificate No. [Signature] Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Superintendent or Assistant

Locust 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 11-21 2009 Section or Area Examined 3 Section
Time of Examination: from 7 a.m. or P.M. to 4 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>No Power</u>	<u>Dangered off 9</u>
2. _____	<u>No Preshift</u>	<u>Month of 3</u>
3. _____		<u>Section</u>
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Refuge chamber OK at exam

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

Signed By Jac Stamat Preshift-Mine Examiner Certificate No. 39199
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman 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 _____ 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 11-21 2009 Section or Area Examined (3 sec) Portal
 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. _____	<u>No Power</u>	<u>Danger Boards</u>
2. _____	<u>No Preshift</u>	<u>At Mouth</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1947A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman 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 _____ 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 10-11-22 2009 Section or Area Examined (3 Sec) Port 96

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. _____	<u>No Power</u>	<u>Danger Board</u>
2. _____	<u>No Preshift</u>	<u>At Mouth</u>
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1947-A

Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. _____

Assistant Foreman _____

Superintendent or Assistant _____

Jerry Jones 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 11-22 2009 Section or Area Examined Pontal (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. _____	No Power	Danger Board
2. _____	No Preshift	at Mouth of
3. _____		3 Section
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

Air Chamber OK at exam

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

Signed By Jac Stuart Preshift-Mine Examiner Certificate No. 39199 Assistant Foreman _____ Certificate No. _____

Countersigned [Signature] Mine Manager—Mine Foreman _____ Assistant Foreman _____

[Signature] Superintendent or Assistant _____

29611

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-22 2009 Section or Area Examined # 35 sec Portal
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
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Handwritten entries include 'No Power', 'No Re-shift', and 'Danger Board at Mouth'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains multiple rows of dashed lines for data entry.

Remarks:

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 29011
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman Certificate No. 340000
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 11-23 209 Section or Area Examined Portal 3 Sec
 Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom brought outside Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg power Olochu	none observed	Rep
2.	1 Hdg	none observed	Rep
3.	2 Hdg	need clean dust	Rep
4.	3 Hdg	none observed	Rep
5.	4 Hdg	none observed	Rep
6.	5 Hdg	none observed	Rep
7.	6 Hdg	none observed	Rep
8.	left	need clean dust	Rep
9.	left power	none observed	Rep
10.	No Power on Section at time of Exam		

Air Measurements

Location	CFM	Location	CFM
RT	20,975		
LT	20,120		

Remarks:

Nochu Sect. 0% 20.500 COO%
Travel way & track clean at exam
Fresh Air base clean
No power on sec. 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. 24611
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 3740000
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-23-70 Section or Area Examined Portal 3 sec
Time of Examination: from 4:10 a.m. or p.m. to 4:40 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries including locations like '#1 Hg's room', '1 Hg', '2 Hg', etc., and actions like 'none observed', 'need clean & dusted', 'Rep'.

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L1' (20,975) and 'R1' (20,133).

Remarks: In #4 Sect, 0% 20.50 CO2
Travelways & track clean at exam
Push Air Base Clean

No Power On Sec. No Power Center
Track doors used were put back in door to open by switch

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

Assistant Foreman Superintendent or Assistant

Jag Lemat 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 11-23 2009 Section or Area Examined Antal (3 Section)
Time of Examination: from 12 a.m. or 3 p.m. to 3 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH4</u>	<u>NONE observed</u>
2. <u>2</u>	<u>0% CH4</u>	<u>NONE observed</u>
3. <u>3</u>	<u>0% CH4</u>	<u>NONE observed</u>
4. <u>4</u>	<u>0% CH4</u>	<u>NONE observed</u>
5. <u>5</u>	<u>0% CH4</u>	<u>NONE observed</u>
6. <u>6</u>	<u>0% CH4</u>	<u>NONE observed</u>
7. <u>6 R</u>	<u>0% CH4</u>	<u>NONE observed</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB Rt</u>	<u>22,920 cfm</u>		
<u>LF</u>	<u>21,840 cfm</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at exam
Track, Travelway clean at exam
NO POWER ON Section
Water Hole in #5 needs Pumped.
Intake Phave not working on Section / 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 Jay Stewart Certificate No. 39199
Freshift Mine Examiner Assistant Foreman Certificate No. _____
Countersigned [Signature] Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible
Penell 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 _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-23 209 Section or Area Examined Postal # 3 etc.
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 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>---</u>	<u>No lower On Sec</u>	<u>---</u>
2. <u>---</u>	<u>---</u>	<u>---</u>
3. <u>---</u>	<u>---</u>	<u>---</u>
4. <u>---</u>	<u>---</u>	<u>---</u>
5. <u>---</u>	<u>---</u>	<u>---</u>
6. <u>---</u>	<u>---</u>	<u>---</u>
7. <u>---</u>	<u>---</u>	<u>---</u>
8. <u>---</u>	<u>---</u>	<u>---</u>
9. <u>---</u>	<u>---</u>	<u>---</u>
10. <u>---</u>	<u>---</u>	<u>---</u>

Air Measurements

Location	CFM	Location	CFM
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

Remarks: lower bar has been removed off section for sec, equip.

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. 29611
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 390000
 Assistant Foreman
 Superintendent or Assistant

[Signature] 32261

Use Indelible
Penell 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 _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-24-09 Section or Area Examined Portal #3 Section
Time of Examination: from 3:00 a.m. or to 6:00 a.m. or
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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1 contains handwritten text: 'No Power On Sec.'

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. The table is mostly blank with some faint lines.

Remarks: Power Box has been removed off section for equip.

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. 29611
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 _____ 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 11-24-09 20 Section or Area Examined Portal (#3) Section
Time of Examination: from 12:30 or p.m. to 3:30 or p.m.
Was this report phoned to outside: Yes no
By whom Report received by Benjell Birtchle (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

- 1. No power on section damaged off 17Bk on track before
- 2. mouth of 3 section (Bell's side)
- 3. No pushshift beyond this point
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Air Measurements

Location

CFM

Location

CFM

track (17-18) Before mouth of 3 section 36,860 CFM

Remarks:

0% CH4 0% CO 20.8% O2 detected
track, travelways, power lines and changes to damaged
off area safe at exam

Power box has been pulled from section

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] 32261 Assistant Foreman Certificate No.
Countersigned [Signature] 39800 Mine Manager - Mine Foreman
[Signature] 29611 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24 20. 9 Section or Area Examined Portal 3Sec.
Time of Examination: from 3:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: No Power on Sec. Danger Board Posted. Row 2: No Pre-shift - Belts edke.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Track, 32,410.

Remarks: No CO2 lect. 0% 20.8oz COO%
Traneways + Track clean at exam.
Sec. Power Box has been pulled off sec.
Double Doors has been repair on violation that was written

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. 2961
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman Certificate No.
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ 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 11-25 209 Section or Area Examined Postal 35sec
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 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 Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>No power on section danger Board posted - No fire shift belts adhe</u>	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Trach</u>	<u>33,110</u>		

Remarks: Mocny Deck, O₂ 20.80% CO₂ 0.00%
Trach & travelways clear at exam.
Sec. power center has been pulled off sec. No power
Double Doors has been repaired - to clear violation
that was wrote.

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. 29611 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant _____

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 11-25 2029 Section or Area Examined Portal 3sec
Time of Examination: from 100 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brough outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	No power on section	Danger Board
2.	No pre shift - Belts Loke	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Branch	32910		

Remarks: 0% CH₄ - 0% CO - 20.8% O₂ - tracks travelways clear at elev. No power center or section

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 77479 Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 39060-28 Mine Manager - Mine Foreman
[Signature] Assistant Foreman 29611 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported
Violation or Hazardous Condition

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 11-25 209 Section or Area Examined Portal #3 Eve

Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom _____ Time _____ A.M. _____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>No power on Section</u>	
2.	<u>No Pre-shift</u>	
3.	<u>Section & Belts idle</u>	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Track</u>	<u>good air movement</u>		

Remarks: No CH₄ det, 0% 20.802 CO₂
Track & Travelways clear at exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 29611 Assistant Foreman

Countersigned [Signature] Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 11-26
 Time of Examination: from 3:00 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____
 Report received by _____
 (Signed) brought outside

20. 9 Section or Area Examined Portal #3 sec.
 Time _____ A.M. _____ P.M.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>No Power On Sec.</u>	
2. _____	<u>Danger Board Posted</u>	
3. _____	<u>mouth of sec.</u>	
4. _____	<u>No Pre-Shift</u>	
5. _____	<u>Belts etc</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Track</u>		<u>good air movement</u>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: No accident or 20.8 or 00%
Track & travelways clean 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. 29611
 Assistant Foreman _____ Certificate No. _____

Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman _____
 Superintendent or Assistant _____

29429

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 11-26 Section or Area Examined Portal 3 see
Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 600 p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by [Signature] outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 'No power in section', 'Danger board posted', 'Belts idle', 'No pre shift'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: 'Tracks good air movement'.

Remarks: 0% CH4, 0% CO, 20.8% O2 Tracks! travelways clear

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

Signed By [Signature] 27429 Certificate No. Assistant Foreman
Countersigned [Signature] Mine Foreman
[Signature] 29011 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 11-26 20-9 Section or Area Examined portal 350
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom hrought outside Time A.M. P.M.
 Report received by hrought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>No corner on section</u>	
2.	<u>Belt floor</u>	
3.	<u>Danger Board at mouth</u>	
4.	<u>of sec. No pre-shift</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Track</u>	<u>good air movement</u>		

Remarks: Rocky det 0% 20.5% CO2
Track travel ways clear at exam.

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

Signed By [Signature] Certificate No. 29611 Assistant Foreman [Signature] Certificate No.
 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 _____ 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 11-27 20 9 Section or Area Examined Portal #3 sec
 Time of Examination: from 3:00 a.m. or p.m. to 4:30 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>No power on section</u>	
2.	<u>Danger board posted No be shift</u>	
3.	<u>Belts idle</u>	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Track</u>	<u>good air movement</u>		

Remarks: No CH₄ det. 0% 20.5% CO₂
Track & Travelways clear at Ham

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

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

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11-27 2009 Section or Area Examined Portal 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.	No POWER ON SECTION	
2.	DANGERED off AT Mouth of SECTION	
3.		
4.	No PRESHIFT	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good AIR MOVEMENT ON TRACK			

Remarks: 0% CH4 0% CO 20.8% O2
TRACK & TRAVELWAYS OK AT TOE

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 Charley Taylor 37002 Certificate No. 39060-08 Assistant Foreman
Countersigned [Signature] Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 11-27 2009 Section or Area Examined Portal Section
 Time of Examination: from 8:30 a.m. or 6:30 a.m. to 11:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>No Power ON</u>		
2.	<u>Section Dangered</u>		
3.	<u>OFF At Mouth</u>		
4.	<u>OF Section</u>		
5.	<u>No Preshift</u>		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Good Air movement</u>			
<u>on Track</u>			

Remarks: 0% CH4, 20.8% O2, 0PPM C.O.
Track, Travelways, 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
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman _____ Certificate No. 1947A
 Assistant Foreman _____ Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28 2004 Section or Area Examined Portal Section

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes no Time A.M. P.M.

By whom Brought out
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	No Power on Section	_____
2. _____	Dangered off At mouth	_____
3. _____	OF SECTION	_____
4. _____	No Preshift	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Good Air movement	_____	_____	_____
ON TRACK	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 20.8% O₂, 0PPM C.O., Detected At time of exam

Track, Travel ways, 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
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman _____ Certificate No. 1947-A
 Certificate No. 39000-08
 Superintendent or Assistant _____

Log Street 39199