

HG 23 make Book

PRESHIFT - ONSHIFT and DAILY REPORT

Started 2-17

Company Performance
Mine UBB
SECTION HG23
LOCATION _____
Post Office _____ County Raleigh State NC

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-10 Shift 3rd

Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|--------------------------------|----------------------------------|--------------|
| 1. <u>Section under const.</u> | | |
| 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) Talked to crew about pinch points around scoops

John
Assistant Mine

1491A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3359
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-17 20. Section or Area Examined H623
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 5:40 P.M.
 Report received by S. Horn
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------------------------|---------------------------------------|--------------|
| 1. <u>Sect. moving</u> | <u>Roadways clear.</u> | |
| 2. _____ | _____ | _____ |
| 3. <u>Moving Equipment</u> | <u>from #3 head towards new belt.</u> | |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|---------------|---------------|----------|-------|
| <u>Chap's</u> | <u>0.008%</u> | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: _____

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 14797
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359
[Signature] Assistant Foreman Certificate No. 32058-02
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-17 Shift DAY Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|--|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. <u>Good Air movement</u> | _____ | _____ |
| 8. <u>20.8 Dr O₂ CH₄</u> | _____ | _____ |

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) HAD SAFETY TALK ABOUT EQ

moving with crew AT 6:30AM

[Signature] Assistant Mine 39058-08 Certificate No. T. McNamee Mine Foreman-Mine Manager 53359 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-17-10 Section or Area Examined HG 23
 Time of Examination: from 115 a.m. or pm to 2 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 9:35 a.m.
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| <u>Section Moving</u> | <u>Roadways Clear</u> | |
| <u>Moving Equipment From #3 Head Towards new Section</u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Air Measurements

| Location | CFM | Location | CFM |
|----------|-----|----------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

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

Signed By [Signature] 39058-08 Bruce Collins 1543-A
 Shift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33359
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-16 Shift evl Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|----------|------|---|----------|------|-----------------|
| 1. | | | 11. | | |
| 2. | | good Air movement | 12. | | |
| 3. | | | 13. | | |
| 4. | | | 14. | | |
| 5. | | 20.8% ² O ₂ CH ₄ 0ppm CO | 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)

about machinery best at end of TK had safety meeting with crew
Brian Collins 1543-A

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 1-17-10 2010 Section or Area Examined HIG 23
 Time of Examination: from 10 a.m. or PM to 1050 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 1103 A.M. P.M.
 Report received by Sason Thomas 1479-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------------|----------------------------------|--------------|
| <u>Section moving</u> | <u>Road ways clear</u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0% ch4 , 20.8% O2

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1513-A
 Countersigned T. Moore Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1479-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 _____ 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 2-18 20. Section or Area Examined H623
 Time of Examination: from 3:20 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 5:45 A.M. P.M.
 Report received by S. HANNA
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

| Location | CFM | Location | CFM |
|----------------------------|-------|----------|-------|
| <u>Good RR movement</u> | | | |
| <u>CH₄ %</u> | | | |
| <u>O₂ 20.8%</u> | | | |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

Remarks: -----

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33259
[Signature] Assistant Foreman Certificate No. 39058/08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18 Shift DAY Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------------------------|----------------------------------|--------------|
| 1. <u>sect. IdB moving</u> | <u>Roadways clear.</u> | |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. <u>Good Air movement</u> | _____ | _____ |
| 6. <u>CH₄ % Or CO %</u> | _____ | _____ |
| 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) Had Safety Talk About sect. moving and building stoppings with crew At 6:30 AM

E. J. Koval Assistant Mine 3055-08 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-18-10 20. Section or Area Examined HG 23
 Time of Examination: from 1 a.m. or 6 p.m. to 2 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Hartab Time 2:35 A.M. PM
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air Movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.8% O₂ 0% CH₄ Oppm co at time of exam

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

Signed By [Signature] Preshift-Mine Examiner
 Countersigned [Signature] Mine Manager—Mine Foreman
[Signature] Assistant Foreman
 Certificate No. 33359
 Certificate No. 1543-A
 Superintendent or Assistant _____

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift EVC Area or Section AH 23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------------------|----------------------------------|--------------|
| 1. <u>section Idle</u> | <u>Moving Sect</u> | |
| 2. <u>Roadways</u> | <u>clear</u> | |
| 3. <u>20.8%^{OH}</u> | <u>0% CH₄ Oppm cc</u> | |
| 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) had safety meeting with crew

about used spurs while man at end of TB
Dennis Collins 1543-A Assistant Mine Certificate No. _____ Mine Foreman-Mine Manager Certificate No. _____ Superintendent or Assistant

Use Indelible
Penball or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-18-10 2010 Section or Area Examined Head Gate 2J
 Time of Examination: from 10 a.m. or 10:45 a.m. or PM
 Was this report prepared to outside? Yes No
 By whom Jason Thomas Time 11:04 P.M.
 Report received by Jason Thomas 1477-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| <u>Section IdOL</u> | <u>moving Section</u> | |
| | | |
| | | |
| <u>Road ways clear</u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0 CH4 20.8% O2 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 Bruce Collins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned T. P. Moore 33359 Jason Assistant Foreman Certificate No. 1477A
 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 2-19 20. Section or Area Examined H623
 Time of Examination: from 2:30 a.m. or p.m. to 4:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 5:45 A.M. P.M.
 Report received by S. Hannal
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>sect. Idles mound</u> | <u>Roadways clear</u> | |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--|-------|----------|-------|
| <u>Good AIR movement</u> | | | |
| <u>CH₄ 0% O₂ 20.8%</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: _____

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

Signed By [Signature] Certificate No. 1792
 Preshift-Mine Examiner
 Countersigned T. Mann Certificate No. 33357
 Mine Manager—Mine Foreman
[Signature] Assistant Foreman
 Assistant Foreman
[Signature] Superintendent or Assistant
 Certificate No. 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19 Shift DAY Area or Section HG23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>sect. Idle</u> | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. <u>Good Air movement</u> | | |
| 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) Had a safety talk about Teams Heads out and pulling bolt out

[Signature] Assistant Mine 39056-08 Certificate No. T. Moore Mine Foreman-Mine Manager 38359 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19 Shift DAY Area or Section HG23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>sect. Idle</u> | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. <u>Good Air movement</u> | | |
| 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) Had + SPSF + talk about Teams

Hands out and pulling bolt out

[Signature]
Assistant Mine

39058-08
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-19-10 Section or Area Examined HG # 23
 Time of Examination: from 1 a.m. or 9 a.m. to 150 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 242 A.M.
 Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>good Air Movement</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 20.8%⁰² O₂ CH₄ 0ppm⁰⁰ 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] 39058-08 Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] 33357
Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19-10 Shift Even Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|-------------------------------|------|----------------------------------|-----------|------|-----------------|
| 1. <u>gauge air movement</u> | | | 11. _____ | | |
| 2. _____ | | | 12. _____ | | |
| 3. <u>20.8% O₂</u> | | <u>0% CH₄ Open CO</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. _____ | | | 6. _____ | | |
| 2. _____ | | | 7. _____ | | |
| 3. _____ | | | 8. _____ | | |
| 4. _____ | | | 9. _____ | | |
| 5. _____ | | | 10. _____ | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting on punch
papers with crew at end of TR

Brown Collins Assistant Mine Certificate No. 1543-A
T. Moore Mine Foreman-Mine Manager Certificate No. 3335-9
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-A- 20 Section or Area Examined H.G. 23
 Time of Examination: from 10 a.m. or 11 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 1109 A.M. P.M.
 Report received by J. Thomas 1479-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------|----------------------------------|--------------|
| <u>Section Idol</u> | <u>Moving Section</u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: Roadways, work Area clear at time of exam; o ch4 20.8% O2

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

Signed By [Signature] 1479-A Brian Collins
 Preshift-Mine Examiner Certificate No. 33359 Assistant Foreman
 Countersigned [Signature] 1543-A
 Mine Manager—Mine Foreman Certificate No. 1479-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 _____ 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 2-20 20 1962 Section or Area Examined A623
 Time of Examination: from 7:30 a.m. or p.m. to 4:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 5:50 A.M. P.M.
 Report received by S. Isenrat
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

| Location | CFM | Location | CFM |
|--|-------|----------|-------|
| <u>Good Air movement</u> | | | |
| <u>CH₄ 0% O₂ 20.8%</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: _____

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

Signed By _____
 Preshift-Mine Examiner
 Certificate No. _____
 Assistant Foreman
 Certificate No. _____
 Countersigned T. M. [Signature]
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant
[Signature]
37058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/20 Shift Day Area or Section #623

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. | | |
| 2. | Const ruct for Area clear | |
| 3. | | |
| 4. | | |
| 5. | CH ₄ 0% | |
| 6. | O ₂ 20.8% | |
| 7. | Good Airman + | |
| 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) HAD SAFETY TALK ABOUT EXHAUSTION

Work Area with Crew At 6:30am

[Signature] Assistant Mine 39058'08 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-20-10 20. Section or Area Examined HG #23
 Time of Examination: from 1 a.m. or pm to 1:50 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 2:50 A.M. P.M.
 Report received by Benjamin Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>Construction Area</u> | } <u>close at time of exam</u> | |
| 2. <u>Roadways</u> | | |
| 3. <u>Work Area's</u> | | |
| 4. _____ | | |
| 5. _____ | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. _____ | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>good air movement</u> | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

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

Signed By Steve Harrah Certificate No. 39088-08
 Preshift-Mine Examiner Assistant Foreman

Countersigned Benjamin Collins Certificate No. 1543-A
 Mine Manager— Mine Foreman Assistant Foreman

Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20-10 Shift eve Area or Section HG#23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>Construction Area</u> | } <u>close at time of exam</u> | |
| 2. <u>Roadways</u> | | |
| 3. <u>work Areas</u> | | |
| 4. _____ | | |
| 5. _____ | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) had safety meeting on escapeways

of new section
Bruce Collins
Assistant Mine

1543-A
Certificate No.

T. Moore
Mine Foreman - Mine Manager

33357
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-21 20 Section or Area Examined H623
 Time of Examination: from 4:00 a.m. or p.m. to 9:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom W. Porcinger Time 9:50 AM P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

| CH ₄ % | Location | Violation or Hazardous Condition | Action Taken | O ₂ % |
|-------------------|------------------------|----------------------------------|--------------|------------------|
| 0 | 1. Coal Structure Area | Clear | Reported | 20.8 |
| 0 | 2. Power Center | Clear | Reported | 20.8 |
| 0 | 3. TRACK A + 12Bk | Blocked with Cobb | Reported | 20.8 |
| 0 | 4. Chargers | Clear | Reported | 20.8 |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Air Measurements

| Location | CFM | Location | CFM |
|---|-----|----------|-----|
| Good Air movement | | | |
| CH ₄ 0% O ₂ 20.8% | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 Wayne Ruserya 34877
 Preshift-Mine Examiner Certificate No.
 Countersigned T. Moore 33359
 Mine Manager - Mine Foreman Certificate No.
[Signature] 3905808
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-21 Shift Mid Area or Section 17G23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-----------------------------|----------------------------------|----------------------------|
| 1. <u>Construction Area</u> | <u>Idle</u> | <u>Reported</u> |
| 2. <u>12 BK</u> | <u>Gob On Track</u> | <u>Cleaning / Reported</u> |
| 3. <u>Roadways</u> | <u>Clear</u> | <u>Reported</u> |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|-----------------|----------------|-----------------|-----------|-------|-----------------|
| 1. <u>12 BK</u> | <u>12:00am</u> | <u>0%</u> | 11. _____ | _____ | _____ |
| 2. <u>12 BK</u> | <u>2:04am</u> | <u>0%</u> | 12. _____ | _____ | _____ |
| 3. <u>12 BK</u> | <u>4:06am</u> | <u>0%</u> | 13. _____ | _____ | _____ |
| 4. <u>12 BK</u> | <u>6:00am</u> | <u>0%</u> | 14. _____ | _____ | _____ |
| 5. _____ | _____ | _____ | 15. _____ | _____ | _____ |
| 6. _____ | _____ | _____ | 16. _____ | _____ | _____ |
| 7. _____ | _____ | _____ | 17. _____ | _____ | _____ |
| 8. _____ | _____ | _____ | 18. _____ | _____ | _____ |
| 9. _____ | _____ | _____ | 19. _____ | _____ | _____ |
| 10. _____ | _____ | _____ | 20. _____ | _____ | _____ |

Examinations for Methane in Return Aircourses

| Location | Time | Methane Content | Location | Time | Methane Content |
|----------|-------|-----------------|-----------|-------|-----------------|
| 1. _____ | _____ | _____ | 6. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 7. _____ | _____ | _____ |
| 3. _____ | _____ | _____ | 8. _____ | _____ | _____ |
| 4. _____ | _____ | _____ | 9. _____ | _____ | _____ |
| 5. _____ | _____ | _____ | 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) Renewed Roof Bolt Spacing at start of shift

Wayne Ruseya Assistant Mine 34877 Certificate No. _____ Mine Foreman-Mine Manager _____ Certificate No. _____ Superintendent or Assistant _____

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 20.... Section or Area Examined

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) *[Signature]*

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--------------------------|----------------------------------|----------------------|
| 1. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 2. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 3. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 4. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 5. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 6. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 7. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 8. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 9. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| 10. <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |

Air Measurements

| Location | CFM | Location | CFM |
|----------------------|----------------------|----------------------|----------------------|
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |
| <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> | <i>[Handwritten]</i> |

Remarks:

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

Signed By Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned Mine Manager—Mine Foreman Assistant Foreman

..... Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|---|--------------|
| 1. | | |
| 2. | <u>Sec under Construction</u> | |
| 3. | | |
| 4. | <u>Gobb on track at 12 brk Cleared up Gobb.</u> | |
| 5. | | |
| 6. | | |
| 7. | <u>GOOD AIR movement</u> | |
| 8. | <u>CH₄ @ 0.2208%</u> | |

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) HAD SAFETY TALK ABOUT BUILDING STOPPAGE AND EXTREME WORK AREA.

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21-80 Section or Area Examined H623
 Time of Examination: from 1:00 a.m. or 6:00 to 1:35 a.m. or 6:00
 Was this report phoned to outside: Yes no
 By whom Plough et al 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>Sect. under construction</u> | | |
| 2. | | |
| 3. <u>Good A.R. movement</u> | | |
| 4. <u>CH₄ 0.2208%</u> | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

| Air Measurements | | 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] 39058-08 [Signature] 1543-A
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33359
 Mine Manager—Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21-10 Shift eve Area or Section HG#23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Section under construction</u> | | |
| 2. _____ | | |
| 3. <u>construction AREA</u> | } <u>clean at exam time</u> | |
| 4. <u>work Area</u> | | |
| 5. <u>Roadways</u> | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|---------------------|------|-----------------|-----------|------|-----------------|
| 1. <u>20.8 02</u> | | | 11. _____ | | |
| 2. <u>0 1/2 CH4</u> | | | 12. _____ | | |
| 3. <u>0 ppm</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. _____ | | | 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)

checked ground in sub in work areas with crew at end of TK
had safety meeting about

Brian Collins
Assistant Mine

1543-A
Certificate No.

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

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21-10 Section or Area Examined H6 #23

Time of Examination: from 9:35 a.m. to 11:20 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Brought out Time AM P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Section under construction</u> | | |
| 2. _____ | | |
| 3. <u>good air movement</u> | | |
| 4. _____ | | |
| 5. <u>20.8% O2 0.9 CH4 0 ppm CO</u> | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. _____ | | |

| Air Measurements | | 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 Bruce Collins Preshift-Mine Examiner Certificate No. 1543-A

Countersigned T. L. ... Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1477-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 _____ 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 2-22 20 Section or Area Examined H623
 Time of Examination: from 3:30 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 5:50 A.M. P.M.
 Report received by Hanna
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>Construction Area elect</u> | | |
| 2. _____ | | |
| 3. <u>Good air movement</u> | | |
| 4. <u>CH₄ 0% O₂ 20.8%</u> | | |
| 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] 1479-A Certificate No. 33354
 Preshift-Mine Examiner Assistant Foreman
 Countersigned T. Moore Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Certificate No. 32008-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date

2/22

Shift

DAY

Area or Section

H622

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------------------------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. Sect. under constructw | _____ | _____ |
| 3. Coal A.M. movement | _____ | _____ |
| 4. CH ₄ @ 20.0% | _____ | _____ |
| 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) HAD SAFETY TALK ABOUT *Bein' delug*
OVERCAST AND EXPANSE WERE FREE WITH CREW AT 6:30AM

R. J. Hermal Assistant Mine *7008-08* Certificate No. *T. Moore* Mine Foreman-Mine Manager *33357* Certificate No. *Superintendent or Assistant*

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-22-70 Section or Area Examined MG # 23
Time of Examination: from 1 a.m. or 9 p.m. to 1:50 a.m. or 02
Was this report phoned to outside: Yes 9 no
By whom Steve Harsch Time A.M. 2:38 PM
Report received by Buiron Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Constuction Area clear. Row 2: good Air movement. Row 3: 20.8% O2 0% CH4 Oppm CO

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple empty rows for recording measurements.

Remarks: [Empty space for handwritten notes]

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. 39058-06
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359
Assistant Foreman Certificate No. 1543-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries: 1. construction Area clear; 2. guard rail movement; 5. 20.8% O2 0% CH4 Oppm.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 20 numbered rows for recording methane data.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 numbered rows for recording methane data in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting with crew

Signature block containing names and certificate numbers: Brian Collins (Assistant Mine), 1543-A (Certificate No.), T. Moore (Mine Foreman-Mine Manager), 33359 (Certificate No.), and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-22 20 10 Section or Area Examined HIG 23
Time of Examination: from 10:00 a.m. or 6 p.m. to 10:45 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time 11:00 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| 1. Construction Area | Clear | |
| 2. | | |
| 3. Good Air Movement | | |
| 4. | | |
| 5. 20.8% O ₂ 0% CH ₄ Oppm CO | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Air Measurements

Location CFM Location CFM

| 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 Brian Collins Preshift-Mine Examiner Certificate No. 1343-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3338-7
Assistant Foreman
Superintendent or Assistant

May 20, 1947-A

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-23 20___ Section or Area Examined H623
Time of Examination: from 7:30 a.m. or p.m. to 4:10 a.m. or p.m.
Was this report phoned to outside: Yes ___ no ___
By whom J. Thomas Time 8:42 A.M. 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>Sect under construction</u> | <u>work area clear</u> | |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Coal A. R. Novent</u> | | | |
| <u>Ch40% Orz. 8/10</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: _____

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477
Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359
[Signature] Assistant Foreman Certificate No. 39058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-23 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|------|-----------------|-----------|------|-----------------|
| 1. <u>Good Air movement</u> | | | 11. _____ | | |
| 2. _____ | | | 12. _____ | | |
| 3. <u>O₂ 20.8%</u> | | | 13. _____ | | |
| 4. <u>CH₄ 0% 0.2%</u> | | | 14. _____ | | |
| 5. _____ | | | 15. _____ | | |
| 6. _____ | | | 16. _____ | | |
| 7. _____ | | | 17. _____ | | |
| 8. _____ | | | 18. _____ | | |
| 9. _____ | | | 19. _____ | | |
| 10. _____ | | | 20. _____ | | |

Examinations for Methane in Return Aircourses

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

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

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

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

Had safety-talk about setting Heads with crew at 6:30 Am.

[Signature]
Assistant Mine

39058-08
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-23-10 20 10 Section or Area Examined HC #23
 Time of Examination: from 1 a.m. or 9 p.m. to 1:45 a.m. or 02 p.m.
 Was this report phoned to outside: Yes ✓ no _____
 By whom Steve Harrah Time A.M. 245
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| 1. <u>Constuction Area</u> | <u>chun</u> | |
| 2. _____ | _____ | _____ |
| 3. <u>good air movement</u> | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. <u>20.8% O₂ 0% CH₄ 0 ppm CO</u> | _____ | _____ |
| 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 Steve Harrah 38208-08 Bruce Collins 1543-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 33354
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-23-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|--------------------------------|----------------------------------|--------------|
| 1. | <u>Construction area clear</u> | | |
| 2. | | | |
| 3. | <u>20.890⁰²</u> | <u>090CH4 opp</u> | |
| 4. | | | |
| 5. | | | |
| 6. | <u>good acts</u> | <u>movement</u> | |
| 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) had safety meeting about lifts object with crew at start of shift

Bruce Collins Assistant Mine Certificate No. 1543A

T. J. Moore Mine Foreman-Mine Manager Certificate No. 3335-9

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23 2010 Section or Area Examined Head Gate 23
Time of Examination: from 10 a.m. or p.m. to 1045 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Callias Time A.M. 11:15 P.M.
Report received by Jason Thomas 1477A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Construction Area, Clear. Row 2: Good Air Movement, 0CH4, 20.8% O2, 0% CO.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple empty rows for data entry.

Remarks: [Empty space for handwritten notes]

This is to certify that... Signed By Brian Callias 1543A Preshift-Mine Examiner Certificate No. 33359 Assistant Foreman Countersigned T. Thomas 1477A Mine Manager-Mine Foreman

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 2-24-20 Section or Area Examined H623
Time of Examination: from 3:30 a.m. or p.m. to 4:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thomas Time 5:00 A.M. P.M.
Report received by E. H. Hunsal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. Sect under construction, 2. Good Air movement, 3. CH4 0% O2 20.8%, 4. Roadways clear at time of exam.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple empty rows for data entry.

Remarks: [Empty lines for handwritten notes]

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. 1477A
Countersigned T. Thomas Mine Manager-Mine Foreman Certificate No. 33359
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 2-24 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|---|----------------------------------|--------------|
| 1. <u>sect. under construct.</u> | | |
| 2. _____ | | |
| 3. <u>Good A.R. mortar.</u> | | |
| 4. <u>CH₄ 0% O₂ 20.8%</u> | | |
| 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) Had safety talk about examining work area with crew at 6:30am

[Signature] Assistant Mine 3908-18 Certificate No. T. Blaine Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-24-10 20____ Section or Area Examined HG#23
 Time of Examination: from 1 a.m. or p.m. to 10 a.m. or p.m.
 Was this report phoned to outside: Yes g no____
 By whom Steve Hornick Time 2:40 A.M.
 Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>construction area clear</u> | | |
| 2. <u>Roadways clear</u> | | |
| 3. <u>gavel air movement</u> | | |
| 4. _____ | | |
| 5. <u>20.89⁰²</u> <u>0%CH₄</u> <u>0ppm CO</u> | | |
| 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] 30808 Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33357
Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24-10 Shift EW Area or Section HC #23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-------------------------------|----------------------------------|--------------|
| 1. <u>Construction Area</u> | <u>clunk</u> | |
| 2. <u>Roadways</u> | <u>clunk</u> | |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. <u>20.8% O₂</u> | <u>0% CH₄ Oppm</u> | <u>LO</u> |
| 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) had safety meeting with crew at start of shift on dissemination of work areas

Bruce Collins Assistant Mine Certificate No. 1543-A
T. Moore Mine Foreman-Mine Manager Certificate No. 3335-9
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-24 Section or Area Examined H, G, 23
 Time of Examination: from 10 a.m. or 10:45 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 11:08 A.M. P.M.
 Report received by J. Thomas 1479-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>Construction Area</u> | <u>clear at time of</u> | |
| 2. <u>Road ways</u> | <u>exam</u> | |
| 3. <u>Chargers</u> | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air movement</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks:

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

Signed By Brian Collins Certificate No. 1543-A
 Preshift-Mine Examiner
 Countersigned T. Moore Certificate No. 3335-7
 Mine Manager—Mine Foreman
J. Thomas Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ 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 2-25-20 Section or Area Examined H6 23
Time of Examination: from 3:30 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thomas S. Homan Time 3:55 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 handwritten entries: 1. Sect. Under Const., 2. Good Air Movement, 3. Chops Or 20.8 ft, 4. Roadways clear.

Air Measurements

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

Remarks: [Dashed lines for handwritten notes]

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. 1477-A
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33357
Assistant Foreman [Signature] Certificate No. 39058-28
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-25 Shift Day Area or Section 4623

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|---------------------------------|----------------------------------|--------------|
| 1. <u>sect. under construct</u> | | |
| 2. <u>Good Air movement</u> | | |
| 3. <u>OH 40% Or 20.8%</u> | | |
| 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) had SAFETY TALK ABOUT RETURN
head with crew AT 6:30 PM

[Signature] Assistant Mine 3905808 Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-25-10 Section or Area Examined HG #23
 Time of Examination: from 1 a.m. or pm to 1:45 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 2:50 PM
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------------|
| 1. <u>construction area clear</u> | | |
| 2. <u>Roadways clear</u> | | |
| 3. _____ | | |
| 4. <u>Overcast in TRACK Entry</u> | <u>NOT Bolted</u> | <u>Reflections</u> |
| 5. _____ | | |
| 6. <u>20.8% ^{of} O₂ CH₄ Oppm^{co}</u> | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. _____ | | |

Air Measurements

| Location | CFM | Location | CFM |
|-----------------------------|-----|----------|-----|
| <u>gaul air measurement</u> | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Remarks: power centers + chargers 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 Steve Harrah Certificate No. 39008-08
 Preshift-Mine Examiner
 Countersigned Bruce Collins Certificate No. 1543-A
 Mine Manager—Mine Foreman Assistant Foreman
Scott E. Collins Certificate No. 39344-09
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-25-10 Shift *we* Area or Section *HG # 23*

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-------------------------------|----------------------------------|---------------|
| 1. <i>Construction Area</i> | | |
| 2. <i>Roadways</i> | | |
| 3. | | |
| 4. <i>TRAX Entry overcast</i> | <i>Not Bolted</i> | <i>Bolted</i> |
| 5. | | |
| 6. | | |
| 7. <i>Good Air Movement</i> | | |
| 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) *Safely talk at end of track about moving section*

[Signature] Assistant Mine 35341-09 Certificate No. *T. Moore* Mine Foreman-Mine Manager 33357 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-25-10 Section or Area Examined 17-G 23
Time of Examination: from 10 a.m. or p.m. to 1030 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Scott Dornett Time A.M. P.M.
Report received by J. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries such as 'Section under construction', 'Travel ways clear / Work area clear at time of exam', and 'O2 20.8% CO2 0% CO'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'Good Air movement'.

Remarks: Power Cables & Chargers clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39-344-09
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33353
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 2-26 20 1968 Section or Area Examined H623
 Time of Examination: from 5:00 a.m. or p.m. to 5:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 5:55 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>sect. under construction</u> | | |
| 2. <u>CH₄ % 0.2208%</u> | | |
| 3. <u>Good Air Movement</u> | | |
| 4. _____ | | |
| 5. _____ | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. _____ | | |

Air Measurements

| Location | CFM | Location | CFM |
|----------|-------|----------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Power cables, chargers and roadways clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1478-A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33353
[Signature] Assistant Foreman Certificate No. 3908-08
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/26 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|-----------------------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. <u>sect. Now</u> | _____ | _____ |
| 3. <u>Good rovers</u> | _____ | _____ |
| 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) _____

Had safety talk about putting belt live on with crew at 6:30am.

[Signature]
Assistant Mine

3909808
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33352
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-26-10 20__ Section or Area Examined HC # 23
 Time of Examination: from 1 a.m. or pm to 4:30 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time A.M. 2:40 P.M.
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---|--|------------------|
| 1. <u>construction area</u> | <u>clean</u> | |
| 2. <u>powermeter & chargers</u> | <u>clean</u> | |
| 3. _____ | _____ | _____ |
| 4. <u>Head Hole</u> | <u>scrap cut</u> | <u>Reflected</u> |
| 5. _____ | _____ | _____ |
| 6. <u>20.8% O₂ 0% CH₄</u> | <u>Oppm^{co} at exam times</u> | |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|----------------------------|---------------|----------|-------|
| <u>Between #1 & #2</u> | <u>39,900</u> | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: _____

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 3908-08
 Assistant Foreman Certificate No. 1543-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26-10 Shift ME Area or Section HL # 23

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|--------------------------------------|----------------------------------|------------------|
| 1. <u>Construction Area</u> | <u>clean</u> | |
| 2. <u>Powercenter & chargers</u> | <u>clean</u> | |
| 3. _____ | _____ | _____ |
| 4. <u>Head Hole</u> | <u>SeRAP cut</u> | <u>Reflected</u> |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. <u>good air movement</u> | _____ | _____ |

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) _____

at next working safe council meeting will discuss

Bernard Carter
Assistant Mine

1543-A
Certificate No.

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

3357
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-26- 20 10 Section or Area Examined Head Gate 23
 Time of Examination: from 10 a.m. or 1057 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 1:10 P.M.
 Report received by J. Thomas 1479-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|-------------------|
| 1. <u>Const. Area</u> | <u>clear</u> | |
| 2. <u>P. centers, chargers</u> | <u>clear</u> | |
| 3. _____ | _____ | _____ |
| 4. <u>Head hole</u> | <u>Scrap cut</u> | <u>Reflectors</u> |
| 5. _____ | _____ | _____ |
| 6. <u>20.86% O₂ 0% CH₄</u> | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|----------------------|---------------|----------|-------|
| <u>Between # 112</u> | <u>38,761</u> | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: _____

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1543-A
 Countersigned J. Thomas Mine Manager—Mine Foreman Certificate No. 32357 Assistant Foreman Certificate No. 1479A
 _____ 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 2-28 2010 Section or Area Examined H.E 23
Time of Examination: from 9 a.m. or p.m. to 9:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Seags Time A.M P.M.
Report received by S. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. Const. Area clear; 2. P. center, charges clear; 4. Head hole Scrap cut Reported; 5. Och 20.89002

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: Between # 1-2 39,271

Remarks:

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

Signed By Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned T. Moore Mine Manager-Mine Foreman 33357 Assistant Foreman 1479-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 _____ 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