

#3 section

**PRE-SHIFT - ONSHIFT
and
DAILY REPORT**

Started 10-10-09
Ended 10-26-09

Company PERFORMANCE COAL
Mine UBB
SECTION #3
LOCATION Naoma Raleigh WV
Post Office County State

#3 section

Re-order from
BJW Printing and
Office Supplies
P. O. Box 1309
Beckley, WV 25801

Phone (304) 253-7361

Use Indelible
Pencil 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)

Violations and other Hazardous Conditions Observed and Reported

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

Recorded in Previous Book

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 W. Va. Mining Laws and 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 _____

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

Date 10-10-09 Shift EVENING Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1L</u>	<u>needs cleaned & dusted</u>	<u>CORRECTED</u>
2. <u>1</u>	<u>SCRAP cut</u>	<u>CORRECTED</u>
3. <u>2</u>	<u>needs cleaned & dusted</u>	<u>CORRECTED</u>
4. <u>3, 4, 5, 6</u>	<u>NONE OBSERVED</u>	<u>Reported</u>
5. <u>7</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
6. <u>7R</u>	<u>PART Bolted</u>	<u>Bolted, Restored</u>
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00PM</u>	<u>0% CH₄</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>6:30-7:00PM</u>	↓	13.		
4.			14. <u>20.1%</u>		
5. <u>1-7</u>	<u>8:30-9:00PM</u>		15. <u>20.1%</u>		
6.			16.		
7. <u>1-7</u>	<u>10:30-11:00PM</u>		17.		
8.			18.		
9.			19.		
10. <u>0% CH₄</u>	<u>20.8% O₂</u>	<u>0% CO</u>	20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt RETURN</u>	<u>4:30 PM</u>	<u>0% CH₄</u>	6.		
2. <u>Rt RETURN</u>	<u>5:00 PM</u>	↓	7.		
3.			8.		
4. <u>Lt RETURN</u>	<u>8:30 PM</u>		9.		
5. <u>Rt RETURN</u>	<u>9:00 PM</u>		10.		

Number of Bolts Tested RESIN

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 chapter 26 of RCP with ENTIRE CREW at end of TRACT did repairs on way out.

Jim Wilho Assistant Mine Foreman 1659-A Certificate No. Charles Cook Mine Foreman-Mine Manager 350 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10-09 20 Section or Area Examined 3 Section
 Time of Examination: from 1000 a.m. or 1105 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 1110 A.M. P.M.
 Report received by [Signature]
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0	not Bolted	Reflected
2.		Part Bolted	" " "
3.	2-4	none Observed	n/o
4.	3	missing Bolts in face	Reported
5.	5	cleaned & dusted	
6.	6		
7.	7		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT	21,600		
RT	20,700		

Remarks: 03 ch 0200 2018202
Refuge Intakes clear
Intake Phone clear
Track Travelways clear

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

Signed By [Signature] Certificate No. 1659-A
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 3901007
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2009 Section or Area Examined 3 Section
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no b
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0 % CH ₄	not Bolted	reflected off
2. 1	part Bolted	reflected off
3. 2-4	none observed	none
4. 3	missing bolts in face	Reported
5. 5	needs cleaned / dusted	
6. 6		
7. 7		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Left	20850		
Right	21125		

Remarks: % CH₄ - % CO - 20.8% O₂ tracks travelways, p.c.s, chargers
 clear at time of air
 shelter chamber - OK
 intake phone - OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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: Isaac Curry Preshift-Mine Examiner Certificate No. 27429
 Countersigned: [Signature] Mine Manager / Mine Foreman Certificate No. 381600
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11-09 20__ Section or Area Examined 3 Section
 Time of Examination: from 2:19 a.m. or (p.m.) to 2:52 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH4-0%</u>	<u>NOT Bolted</u>	<u>Reflectors</u>
2.	<u>1</u>	<u>Part Bolted</u>	<u>Reflectors</u>
3.	<u>2-4</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4.	<u>3</u>	<u>Missing Bolts in face</u>	<u>Reported</u>
5.	<u>5</u>	<u>Needs Cleaned + Dusted</u>	<u>Reported</u>
6.	<u>6</u>	<u>" " "</u>	<u>"</u>
7.	<u>7</u>	<u>" " "</u>	<u>"</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LFT</u>	<u>21,100</u>		
<u>RGHT</u>	<u>20,120</u>		

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM time
Powercenters, chargers, track & travelways, and haulways Clear T.O.E.

Air Chamber - Clear 0-20.8-0
Intake Phone - OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Scott Holstead 37567 _____
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned _____ 3900000 _____
 Mine Manager Mine Foreman

 Assistant Foreman

 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made.

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Oct 11 2009 Section or Area Examined 3-Section
 Time of Examination: from 9:50 a.m. or p.m. to 10:57 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Burghoff Time A.M. 10:57
 Report received by 1759-1 1747-4
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0-2</u>	<u>Ch⁴0090</u> Needs clean and Dusted	<u>Reported</u>
2. <u>1</u>	<u>not Belted</u>	<u>Reflector off</u>
3. <u>3</u>	<u>Part Belted 3 rows down</u>	<u>Reflector off</u>
4. <u>4</u>	<u>None observed</u>	<u>None</u>
5. <u>5</u>	<u>Needs cleaned</u>	<u>Reported</u>
6. <u>5R</u>	<u>Scrap cut</u>	<u>Reflector off</u>
7. <u>6</u>	<u>Needs Dusted</u>	<u>Reported</u>
8. <u>7</u>	<u>Part Belted 1 row Down</u>	<u>Reflector off</u>
9. <u>7R</u>	<u>None observed</u>	<u>None</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>20,263</u>		
<u>Rt LOB</u>	<u>20,752</u>		

Remarks: Ch⁴ 0.04% CO 0% O₂ 20.8% at time of exam.
Powercenters, travelways, clear at time of exam
Outby chamber and Intake Phase of
See Needs Add. Cleaning

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1759-1 Certificate No.
 Countersigned [Signature] 1759-1 Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Oct 12, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch 4</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>O2</u>	<u>20.8%</u>	_____	13. _____	_____	_____
4. _____	_____	_____	14. <u>8V08</u>	_____	_____
5. _____	_____	_____	15. <u>22006</u>	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>4:45 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:53 AM</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

1259-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-12 2009 Section or Area Examined #3
 Time of Examination: from 4:45 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Buehler Time 5:55 (A.M.) P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0 Entry 0% CH4	Needs cleaned & dusted	Reported
2. 1	Not Bolted	Reflector off
3. 2	Needs cleaned & dusted	Reported
4. 3	Part Bolted Needs 3 Rows	Reflector off
5. 4	None Observed	none
6. 5	Needs cleaned	Reported
7. SR	Scrap cut	Reflector off
8. 6	Needs dusted	Reported
9. 7	Part Bolted Needs 1 Row	Reflector off
10. 7R Entry 0% CH4	None observed	NONE

Air Measurements

Location	CFM	Location	CFM
L HOB	20263		
R HOB	20752		

Remarks: Powercenter, Travelways, Intake phase, & outby chamber OK at time of exam

CH4	O2	CO
0%	20.8	0

Section Needs additional cleaning

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 _____ Certificate No. 1759-A
 Countersigned _____ Certificate No. 3501-0000
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Certificate No. 1664-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-12-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'Needs cleaned & dusted', 'Not Belted', 'Needs cleaned & dusted', 'Part Bolted Needs 3 Rows', 'Needs cleaned', 'Scrap cut', 'Needs dusted', 'Part Bolted Needs 1 Row'.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 15

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof control Plan Paragraphs 13, 14 & 15 with entire crew at end of Track

Assistant Mine Foreman, Certificate No. 1664-A, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12 20 09 Section or Area Examined # 3
 Time of Examination: from 2 a.m. or P.M. to 3 a.m. or P.M.
 Was this report phoned to outside: Yes no
 By whom Shawyer Purdue Time 250 A.M. P.M.
 Report received by Jay Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0</u> <u>CH₄-0%</u>	<u>Scrap</u>	<u>Reflected</u>
2. <u>1</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
3. <u>2</u>	<u>Needs Dusted</u>	<u>Reported</u>
4. <u>3</u>	<u>None observed</u>	<u>None</u>
5. <u>4</u>	<u>Scrap</u>	<u>Reflected</u>
6. <u>5</u>	<u>Need clean and Dusted</u>	<u>Reported</u>
7. <u>SR</u>	<u>Need clean and Dusted</u>	<u>Reported</u>
8. <u>6</u>	<u>None observed</u>	<u>None</u>
9. <u>7</u>	<u>Part Bolted</u>	<u>Reflected</u>
10. <u>7R</u>	<u>Need Clean and Dusted</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>23,400</u>		
<u>LOB L</u>	<u>21,250</u>		

Remarks: Powercenter, Trunkway, Intake Phase, and outby Chambers ok at exam
0% CH₄, 0% CO, 20.8% O₂ Detected at exam

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

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

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-12 Shift EVENING Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0	SCRAP cut	Corrected
2. 1	needs cleaned & dusted	Corrected
3. 2	needs dusted	Corrected
4. 3	none observed	Reported
5. 4	SCRAP cut	Corrected
6. 5-5R	needs cleaned & dusted	cleaned & dusted
7. 6	none observed	Reported
8. 7	PART Bolts	Corrected
9. 7R	needs cleaned & dusted	cleaned & dusted
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) WENT OVER PAGE 5 CHAPTER 15 OF RCP
And discussed keeping things cleaned up with ENTIRE CREW AT END OF TRACT

Don P. Smith Assistant Mine Foreman 1659-A Certificate No. Chris Cook Mine Foreman-Mine Manager 3900000 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Oct. 12 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:00 a.m. or 11:00 a.m. or (p.m)
 Was this report phoned to outside: Yes No
 By whom Tim Williams Time A.M. 11:17 (P.M)
 Report received by Jeremy Bighall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0-2-5-6 chade</u>	<u>Clean and Dusted</u>	<u>Reported</u>
2. <u>1</u>	<u>PART Bolted</u>	<u>Reflector off</u>
3. <u>3L</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
4. <u>3-4-7R</u>	<u>NONE observed</u>	<u>NONE</u>
5. <u>7</u>	<u>Not Bolted</u>	<u>Reflector off</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>21,080</u>		
<u>Rt LOB</u>	<u>20,220</u>		

Remarks: CH⁴ 0.00 O₂ 21.9% O₂ at time of exam.

Powercenter, charger, travelways clear at time of exam

Outby Chamber, Intake Phone OK. at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 <u>Tim Williams</u> Preshift-Mine Examiner	Certificate No. <u>1659-A</u>	Signed By <u>Jeremy Bighall</u> Assistant Foreman	Certificate No. <u>1759-A</u>
Countersigned <u>Tim Williams</u> Mine Manager	<u>Jeremy Bighall</u> Mine Foreman		

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Oct 13, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#1</u>	<u>4:57AM</u>	<u>0.0%</u>	6.		
2. <u>#7</u>	<u>5:06AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature] Assistant Mine Foreman 1755-7A Certificate No.
[Signature] Mine Foreman-Mine Manager 3821 Certificate No.
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-13 20 09 Section or Area Examined #3
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Rurdanik Time 6:01 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0 Entry 0% CH ₄	Needs cleaned & dusted	Reported
2. 1	Needs cleaned & dusted	Reported
3. 2	Needs additional cleaning	Reported
4. 3	Needs cleaned & dusted	Reported
5. 3h	Not Bolted	Reflector Hung
6. 4	Needs cleaned & dusted	Reported
7. 5	Needs cleaned & dusted	Reported
8. SR	Wide 21-22-ft wide	Dangered off
9. 6	Needs spot Bolted	Reflector Hung
10. 6R	Scrap cut	Reflector Hung
7. Entry 0% CH ₄	Not Bolted	Reflector Hung

Location	CFM	Location	CFM
L LOB	25421		
R LOB	16249		

Remarks: Powercords & Travelways, outby chamber and intake phone OK at time of exam
Section Needs additional cleaning, Outby Chamber - no Spatter at time of exam

CH₄ O₂ CO
 0% 20.8 0

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

Signed By [Signature] Certificate No. 1755-A
 Countersigned [Signature] Mine Manager Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-13-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
2. <u>1</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3. <u>2</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
4. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>3L</u>	<u>Not Bolted</u>	<u>Corrected</u>
6. <u>4</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
7. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
8. <u>SR</u>	<u>Wide 21-22ft wide</u>	<u>Corrected set timbers</u>
9. <u>L</u>	<u>Needs spot Bolted</u>	<u>Corrected</u>
10. <u>GR</u>	<u>Scrap cut</u>	<u>Corrected</u>
<u>7</u>	<u>Not Bolted</u>	<u>Corrected</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

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

[Signature] Assistant Mine Foreman 1664-A 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 10-13 2009 Section or Area Examined #3 Section
 Time of Examination: from 200 a.m. or 250 p.m. to 250 a.m. or 300 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Parlowe Time 300 A.M. 300 P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0-1 % CH4	NONE	Reported
2.	2L	SCRAP	Reflected
3.	3	NONE	Reported
4.	4	NEEDS cleaned & dusted	" "
5.	5L	Part bolted	Reflected
6.	5	NEEDS added cleaning	Reported
7.	5R	NEEDS cleaned & dusted	" "
8.	6-6R	" "	" "
9.	7	NEEDS added cleaning	" "
10.			

Air Measurements

Location	CFM	Location	CFM
Lt Lob 22,560	% CH4		
Rt Lob 20,120	✓		

Remarks: outlet chambers ON, intake phone ON, Powercords, chaises, track & travelways ON AT TIME OF EXAM

% CH4 20.8% O2 0% CO

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

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

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date 10-13 Shift Evening Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	021	0% CH ₄	None observed
2.	26	SCRAP cut	Reported
3.	3	None observed	Corrected
4.	4	Needs cleaned & dusted	Reported
5.	5L	PARL Bolted	Corrected
6.	5	Needs Added cleaning	" "
7.	5R	Needs cleaned & dusted	" "
8.	6:6R	Needs cleaned & dusted	" "
9.	7	Needs Added cleaning	" "
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
0-7	4:30-5:00 PM	0% CH ₄			
0-7	6:30-7:00 PM	↓			
0-7	8:30-9:00 PM				
0-7	10:30-11:00 PM				

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
LT Return	4:30 PM	0% CH ₄			
RT Return	5:00 PM	↓			
LT Return	9:00 PM				
RT Return	8:30 PM				

Number of Bolts Tested RESIN
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 section 16 of RCP with crew at end of TRUCK

[Signature] Assistant Mine Foreman 1654-A Certificate No. [Signature] Mine Foreman-Mine Manager 3222 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Oct 13 2009 Section or Area Examined 3-Section
 Time of Examination: from 10 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jim Williams Time 11:13 PM
 Report received by Jeremy Bushell
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>0-1-2-3</u>	<u>CH₄ 0.0%</u>	<u>none observed</u>
<u>4-5-6-7</u>	<u>cleaned and dusted</u>	<u>none Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>Lt 21,024</u>	<u>LOB</u>		
<u>Rt 21,960</u>	<u>LOB</u>		

Remarks: CH₄ 0.0% CO 0% O₂ 20.8% at time of exam
Powercenter, travelways, clear at time of exam
Oilby chamber has no spatter
Itete phase ok

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

Signed By: Jim Williams Certificate No. 1659-A
 Preshift-Mine Examiner
 Countersigned: Jeremy Bushell Certificate No. 1739-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 Oct 14, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch4</u>	<u>0.0%</u>		11.		
2. <u>CO</u>	<u>0%</u>		12.		
3. <u>O2</u>	<u>20.8%</u>		13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

[Signature]
Certificate No. _____
Mine Foreman-Mine Manager

[Signature]
Certificate No. _____
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-9 2009 Section or Area Examined #3
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Burdette Time 6:01 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0 Entry 0% CH₄</u>	<u>None Observed</u>	<u>Reflector Hung</u>
2. <u>1</u>	<u>None Observed</u>	<u>Reflector Hung</u>
3. <u>2</u>	<u>None Observed</u>	<u>Reflector Hung</u>
4. <u>3</u>	<u>None Observed</u>	<u>Reflector Hung</u>
5. <u>4</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
6. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
7. <u>6</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
8. <u>7 Entry 0% CH₄</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L HOB</u>	<u>21242</u>		
<u>R HOB</u>	<u>16387</u>		

Remarks: Passenger & Travelways clear at time of exam

CH₄ 0 CO 0
 O₂ 20.8

Outby chamber ok

Section Idle Moving Section

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

Signed By [Signature] Certificate No. 1759-17
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 3500000
[Signature] Assistant Foreman Certificate No. 1664-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-14-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0	None Observed	Recheck Hung
2. 1	None Observed	" "
3. 2	None Observed	" "
4. 3	None Observed	" "
5. 4	Needs cleaned & dusted	Reported
6. 5	Needs cleaned & dusted	" "
7. 6	Needs cleaned & dusted	" "
8. 7	Needs cleaned & dusted	" "
9.		
10. Section Idle moving Section		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. CH ₄ 0-7	7:00	0%	11.		
2. O ₂	7:30	20.8	12.		
3. CO		0	13.		
4.			14.		
5.			15.		
6. Work Area	11:00	0%	16.		
7. Travelways	12:00	0%	17.		
8.			18.		
9. CH ₄ 0% CO ₂			19.		
10. O ₂ 20.8			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Intake Air	45670		6.		
2.			7.		
3.			8.		
4. Return clear	7:00 - 7:30	0%	9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof control Plan Paragraphs 20, 21, 22 & 23 with entire crew at end of track

[Signature]
Assistant Mine Foreman

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14 2009 Section or Area Examined E3 Section
 Time of Examination: from 150 a.m. or (p.m.) to 230 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom SHANNON [Signature] Time 300 (P.M.)
 Report received by Tim WILLIAMS
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>SECTION IDLE MOVING</u>		
2. _____		
3. <u>CONSTRUCTION AREA CLEAR OUT BY</u>		
4. <u>TRAVELWAYS CLEAR</u>		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>			
<u>Intake</u>	<u>45670</u>		

Remarks: POWER CENTERS, MUAS, CHARGERS APPROX 2 TRAVELWAYS CLEAR AT TIME OF EXAM
OUTBY CHAMBER C7

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. _____
 Countersigned: [Signature] Mine Manager
[Signature] Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Tim Williams
 Assistant Foreman
 Certificate No. 1659-A
[Signature]
 Certificate No. 1664-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-14 Shift EVENING Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0	NONE	Reported
2.	1	NONE	" "
3.	2	NONE	" "
4.	3	NONE	" "
5.	4	NONE	" "
6.	5-6-7	NEED CLEANED & DUSTED	Reported
7.			
8.			
9.	SECTION IDLE		
10.	MOVING SECTION		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. INTAKE AIR	4:47:23	0% CH ₄	6.		
2.			7.		
3.			8.		
4. RETURN CLEAR	4:30-5:00	0% CH ₄	9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) WENT OVER PAGE 4 CHAPTER 10 & 11 OF RCP
AT END OF TRACK WITH CREW, ALSO DID SMOKE SEARCH

John North Assistant Mine Foreman 1659-A Certificate No. [Signature] Mine Foreman-Mine Manager 3900000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Oct 14 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:00 a.m. or 10:45 p.m. to 10:45 a.m. or 11:17 p.m.
 Was this report phoned to outside: Yes no
 By whom Tom Williams Time 11:17 A.M. PM
 Report received by Jeremy Bushnell
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Good Air movement Intake</u>	<u>24,873</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter, chargers, travelways clear at line of exam
outby Chamber of
Cl 0.0% CO 0% O₂ 20.8% at line of exam

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

Signed By Tom Williams 1659-A Certificate No.
 Preshift-Mine Examiner
 Countersigned Jeremy Bushnell 1759-A Certificate No.
 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 Oct 15, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7 new panel</u>	<u>3:34 AM</u>	<u>0.0%</u>	6.		
2. <u>#1 new panel</u>	<u>3:41 AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

1759-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

330000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-15-09 20 Section or Area Examined 3 Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Burroughs Time 5:55 A.M. P.M.
 Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section cable</u>	<u>under construction</u>	
2. _____	_____	_____
3. <u>Construction area</u>	<u>clear at time of exam</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Left H.O. X cut</u>	<u>10,970</u>	_____	_____
<u>Right H.O. X cut</u>	<u>12,470</u>	_____	_____
<u>Intake</u>	<u>34,002</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, 0% CH₄, 0% CO. Trisk, Trunking, power center, scoop charger, clear at time of exam.
Fresh air log 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Jeremy Burroughs Certificate No. 1839-A
 Preshift Mine Examiner
 Countersigned Rick Foster Assistant Foreman Certificate No. 28782
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

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

Date 10-15-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Section idle "Mining Section under construction"		
2.		
3. Construction area clear at time of exam		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Trunkways work Area			11.		
2. Old & New Section	7:00-8:00	0%	12.		
3.			13.		
4.			14.		
5.			15.		
6. Trunkways work Area			16.		
7. Old & New Section	11:00-12:00	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Ret	7:00	0%	6.		
2. R Ret	7:00 7:25	0%	7.		
3.			8.		
4. L Ret	11:00	0%	9.		
5. R Ret	11:30	0%	10.		

Number of Bolts Tested 0

Number of Bolts Torqued Above Range 0 Below Range 0

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

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

[Signature] Assistant Mine Foreman 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 3500000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-15-09 20 Section or Area Examined #3 section
 Time of Examination: from 2 a.m. or pm to 250 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Shannon Peltus Time 258 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 CH40%</u>	<u>none observed</u>	<u>none</u>
5. <u>work Areas "</u>	<u>" "</u>	<u>"</u>
6. <u>Construction Area "</u>	<u>" "</u>	<u>"</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17,900</u>		
<u>R</u>	<u>24,000</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Travelways, roadways, power cables, chutes, and work areas clear at time of exam

Outby Shelter clear AT TOE
Intake Phone OK At Exam Time

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

Signed By [Signature] 1659-A Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 3501-000 [Signature] 1664-A
Mine Manager Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15-09 Shift EVENING Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>"MOVING SECTION UNDER CONSTRUCTION"</u>	
2.		
3.		
4. <u>CONSTRUCTION AREA CLEAR AT TIME OF EXAM</u>		
5.		
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>TRAVELWAYS IN OLD NEW SECTION</u>	<u>4:30-5:30</u>	<u>0% CH₄</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7. <u>TRAVELWAYS IN OLD NEW SECTION</u>	<u>10:00-11:00</u>	<u>0% CH₄</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lf Return</u>	<u>4:30 PM</u>	<u>0% CH₄</u>	6.		
2. <u>Rt Return</u>	<u>4:30 PM</u>		7.		
3.			8.		
4. <u>Lf Return</u>	<u>8:30 PM</u>		9.		
5. <u>Return</u>	<u>8:30 PM</u>		10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) WENT OVER PAGE 4 CHAPTER 12 OF RGP
with crew AT END OF TRACK

Jim Mills Assistant Mine Foreman 1659A Certificate No. Charles Cook Mine Foreman-Mine Manager 590000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Oct 15 2009 Section or Area Examined 3-Section
 Time of Examination: from 11:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 11:16 P.M.
 Report received by Jeremy Burghoff
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-6-7 ch⁴ 0.0%</u>	<u>needs clean and Dusted</u>	<u>Reported</u>
2. <u>7R inby</u>	<u>water in face</u>	<u> </u>
3. <u>7R outby</u>	<u>water in face</u>	<u> </u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>23,000</u>	_____	_____
<u>Rt LOB</u>	<u>20,500</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter, chargers, travelways clear at time of exam
intake pipe OK
ch⁴ 0.0% CO 0% O₂ 20.8% at time of exam
Section needs add cleaning
shelter-OK

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

Signed By Tim Williams 1659-A Certificate No.
 Countersigned Jeremy Burghoff 1759-A Certificate No.
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made.

Date Oct 16, 09 Shift Owl Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	<u>#7</u>	<u>5:02 AM</u>	6.		
2.	<u>#1</u>	<u>5:53 AM</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Jeremy Byrd Assistant Mine Foreman
 1759-A Certificate No.
[Signature] Mine Foreman-Mine Manager
350000 Certificate No.
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-16-09 20 Section or Area Examined 3 Section
 Time of Examination: from 5:00 a.m. or p.m. to 6:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Bueckel Time 5:30 A.M. P.M.
 Report received by Rich Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-6-7, Dkby</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
2. <u>7x Right entry, Dkby</u>	<u>water in face</u>	<u>reported</u>
3. <u>7x Right entry, Dkby</u>	<u>water in face</u>	<u>reported</u>
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Left L.O.X. road</u>	<u>23,197</u>		
<u>Right L.O.X. road</u>	<u>20,150</u>		

Remarks: 20.3% O₂, Dkby, DkCO, track, trackways, power center, sweep
charges clear at time of exam.

Outlet shelter clear at time of exam.

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

Signed By Jeremy Bueckel 17557A Certificate No.
 Preshift-Mine Examiner
 Countersigned Rich Foster 3900000 Certificate No. 23736 Assistant Foreman
Sh-P 1664-A
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date 10-16-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1-6-7</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
2.	<u>7x Right inBy</u>	<u>Water in face</u>	<u>Reported</u>
3.	<u>7x Right outBy</u>	<u>Water in face</u>	<u>Reported</u>
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Road Control Plan Paragraphs 19, 20, 21, 22 with entire crew in Bathhouse

[Signature] Assistant Mine Foreman 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 3900000 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-16 20 09 Section or Area Examined #3 SECTION
 Time of Examination: from 200 a.m. or 255 p.m. to 255 a.m. or 000 p.m.
 Was this report phoned to outside: Yes no
 By whom SHANNON PETERSON Time 300 A.M. 300 P.M.
 Report received by TIM WILLIAMS (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1C 0% CH4	SCRAP cut	Reported, Replaced
2.	#1	NEEDS ADDED cleaning	Reported
3.	#2	NONE observed	Reported
4.	#3	NONE observed	Reported
5.	#4	NONE observed	Reported
6.	#5	NEEDS ADDED cleaning	Reported
7.	#6	NEEDS ADDED cleaning	Reported
8.	#7	NONE observed	Reported
9.	#7R	NONE observed	Reported
10.			

Air Measurements

Location	CFM	Location	CFM
LT LOB	24,500		
RT LOB	21,750		

Remarks: POWER CENTER CHARGERS, TRACK 2 TRAVELWAYS CLEAR AT TIME OF EXAM
OUTBY CHAMBER, INTAKE PHONE ON AT TIME OF EXAM

0% CH4 20.8% O2 0% CO

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

Signed By: [Signature] Certificate No. 1664-A
 Preshift-Mine Examiner
 Countersigned: [Signature] [Signature] Assistant Foreman
 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 10-16 Shift EVENING Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>#16</u>	<u>Scrap cut</u>	<u>Corrected</u>
2.	<u>#1</u>	<u>needs added cleaning</u>	<u>Reported</u>
3.	<u>#2 #3 #4</u>	<u>NONE OBSERVED</u>	<u>Reported</u>
4.	<u>#5</u>	<u>needs added cleaning</u>	<u>" "</u>
5.	<u>#6</u>	<u>needs added cleaning</u>	<u>" "</u>
6.	<u>#7</u>	<u>NONE OBSERVED</u>	<u>" "</u>
7.	<u>#7R</u>	<u>NONE OBSERVED</u>	<u>" "</u>
8.			
9.			
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500PM</u>	<u>0% CH4</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>630-700PM</u>	↓	13.		
4.			14.		
5. <u>1-7</u>	<u>830-900PM</u>		15.		
6.			16.		
7. <u>1-7</u>	<u>1030-1100PM</u>		17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>430 PM</u>	↓	6.		
2. <u>Rt Return</u>	<u>500PM</u>		7.		
3.			8.		
4. <u>Lt Return</u>	<u>830 PM</u>		9.		
5. <u>Rt Return</u>	<u>900PM</u>		10.		

Number of Bolts Tested RESIN

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) WENT OVER PAGE 4 CHAPTER 10 OF RCP
WITH CREW AT END OF ROCK. MADE FIRE RUN ON SECTION BELT ON LWA PORT

[Signature] Assistant Mine Foreman 1659-A Certificate No. [Signature] Mine Foreman-Mine Manager 350000 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-16 2009 Section or Area Examined # 3
 Time of Examination: from 10 a.m. or 1050 p.m. to 1050 a.m. or 1105 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 1105 P.M.
 Report received by Jay Stewart 39199
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>L, 1L, 2, 3 CH₄-0%</u>	<u>Need Clean and Dusted</u>	<u>Reported</u>
2. <u>3L</u>	<u>not Bolted</u>	<u>Reflected</u>
3. <u>4, 5, 6</u>	<u>Need Clean and Dusted</u>	<u>Reported</u>
4. <u>6R</u>	<u>Scrap</u>	<u>Reflected</u>
5. <u>7</u>	<u>Need Clean and Dusted</u>	<u>Reported</u>
6. <u>7R</u>	<u>Water in it</u>	<u>Reported</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB L</u>	<u>23,800</u>	_____	_____
<u>LOB R</u>	<u>21,400</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:

Chamber OK at etam
Intake Phase OK at etam
0% CH₄, 0% CO, 20.8% O₂ Deleted at etam
PC, Chargers, Track, Haulage way clear at etam

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

Signed By Tim Williams Certificate No. 1659-A
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned Jay Stewart Certificate No. 39199
 Mine Manager Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 2009 Section or Area Examined # 3
 Time of Examination: from 3 a.m. or p.m. to 6 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 12, 2, 3</u> <u>CH₄-0%</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
2. <u>3L</u>	<u>Not Bolted</u>	<u>Reflected</u>
3. <u>4, 5, 6</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
4. <u>6R</u>	<u>Scrap</u>	<u>Reflected</u>
5. <u>7</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
6. <u>7R</u>	<u>Water in face</u>	<u>Reported</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>22,460</u>	_____	_____
<u>LOB L</u>	<u>25,180</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:
Chamber OK at etam
Intake Phone OK at etam
0% CH₄, 0% CO, 20.8% O₂ Detected at etam
PC, Chargers, Track, Tronway OK at etam

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

Signed By Jay Stewart Certificate No. 39199
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 380111
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 2009 Section or Area Examined 3 section
 Time of Examination: from 1200 a.m. or p.m. to 300 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1, 11, 2, 3 0% CH ₄	needs cleaned; dusted	Reported
2. 3L	not bolted	reflected
3. 4, 5, 6,	needs cleaned; dusted	reported
4. 6R	SCRAP	Reported
5. 7	needs cleaned; dusted	Reported
6. 7R	water in face	reported
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB Right	20,650		
LOB Left	19,720		

Remarks: 0% CH₄ - 0% CO - 20.8% O₂ tracks, travelways, pcs,
chargers, clean at time of exam
Shower - OK
intake phone - OK

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

Signed By George Curry 27429 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] [Signature] Mine Manager Mine Foreman
 Assistant Foreman _____ Superintendent or Assistant _____

Joan [Signature] 39199

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made.

Date of Examination: 10-17 2009 Section or Area Examined: 3 Section
 Time of Examination: from 8:00 a.m. or 11:30 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom: Stewart Time: 11:30 A.M. P.M.
 Report received by: Jim Hillman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1, 11, 23 OZC4	Needs Cleaned & dusted	Reported
2. 3L	not Bolted	Reflected
3. 4, 5, 6	Needs Cleaned & dusted	Reported
4. 6R	scrap	Reflected
5. 7	Cleaned & dusted	Reported
6. 7R	water in face	Reported
7.		
8.		
9.		
10.		

I D L E

Air Measurements

Location	CFM	Location	CFM
LOB Right	20,650		
LOB Left	19,720		

Remarks: OZC4 OZCO 208802
Track Travel ways PC Chargers OK
Chamber OK
Intake Phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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: Joe Stewart Certificate No. 39199
 Preshift-Mine Examiner
 Countersigned: Chris Lewis Certificate No. 1689A
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

3

Use Indelible Pencil or Ink

Date of Examination 10-18 2009 Section or Area Examined _____
 Time of Examination: from 3 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 1L, 2, 3</u> <u>CH₄ 0%</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
2. <u>3L</u>	<u>Not Bolted</u>	<u>Reflected</u>
3. <u>456</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
4. <u>6R</u>	<u>Scrap</u>	<u>Reflected</u>
5. <u>7</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
6. <u>7R</u>	<u>Water in Face</u>	<u>Reported</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

D L E

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>21,480</u>	_____	_____
<u>LOB L</u>	<u>20,240</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO 20.8% O₂ Detected at etam

Chamber OK at etam
Phone OK at etam
Track, Tramway clear at etam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Jaag Stewart 39199 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman 3900000
 Assistant Foreman Superintendent or Assistant

J. Martin 31688

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-18-09 20 Section or Area Examined 3 section
 Time of Examination: from 12:00 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1-11-2-3	CH ₄ 0% Need cleaned & dusted	Reported
2. 3L	NOT DUSTED	reflected
3. 4, 5, 6	Need cleaned & dusted	reported
4. 6R	SCRAP	reflected
5. 7	Need cleaned & dusted	reported
6. 7R	WARS in face	"
SECTION Idle		

Air Measurements

Location	CFM	Location	CFM
LOB Right	36,975		
LOB Left	32,395		

Remarks: 0% CH₄, 0% CO, 20.8% CO AT EXAM

Chamber OK
Intake Phone OK
TRACK & TRAVELWAYS CLEAR

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 G. Martin 31688 Assistant Foreman Certificate No. _____
 Countersigned [Signature] 150000 Mine Manager - Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Jan, J. J. 39199

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

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 Oct. 18 2009 Section or Area Examined 3-Section
 Time of Examination: from 9:00 a.m. or (p.m.) to 11:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1L-1-2-3L-4-5-7 CH⁴LOB</u>	<u>Needs cleaned and Dusted</u>	<u>Reported</u>
2. <u>3-6</u>	<u>Needs Dusted</u>	<u>Reported</u>
3. <u>6R</u>	<u>Not Bolted</u>	<u>Reflector off</u>
4. <u>7R Inby</u>	<u>Water In face</u>	<u>Reported</u>
5. <u>7R Outby</u>	<u>Water In face</u> <u>Needs cleaned and Dusted</u>	<u>Reported</u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>35,357</u>	<u> </u>	<u> </u>
<u>Rt LOB</u>	<u>33,891</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: CH⁴ 0.0% CO 0% O₂ 20.8% at time of exam.

Powercater, chargers, clear at time of exam
Travelway clear at time of exam
Outby Chamber, Intake Phone 04

Section needs add cleaning and dusting.

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

Signed By Jeremy Burghoff 1759-A Certificate No.
 Countersigned 340000 Certificate No.
 Mine Manager / Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Oct 19, 09 Shift 0w1 Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#1</u>	<u>5:00AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#7</u>	<u>5:43AM</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

1759A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19 2009 Section or Area Examined #3 Section
 Time of Examination: from 500 (a.m.) or p.m. to 600 (a.m.) or p.m.
 Was this report phoned to outside: Yes no
 By whom Shermy Burghdoff Time 605 A.M. P.M.
 Report received by Tim Williams
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-11-2-3-3L-4-5-70</u>	<u>0% Ch4 needs cleaned & dusted</u>	<u>Reported</u>
2. <u>#6R</u>	<u>not bolted</u>	<u>Reported, Re-Inspected</u>
3. <u>#6</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
4. <u>#7R in by</u>	<u>water in face</u>	<u>Reported</u>
5. <u>#9R out by</u>	<u>water in face, needs cleaned</u>	<u>Reported</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lt Lob</u>	<u>34,420</u>		
<u>Rt Lob</u>	<u>32,860</u>		

Remarks: Powderchargers, chargers, track & trackways OFF at Time of Exam
outby chambers, intake phone OFF at time of exam

0% Ch4 20.8% O2 0% Co

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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: Shermy Burghdoff Certificate No. 1755-A
 Preshift-Mine Examiner
 Countersigned: Tim Williams Certificate No. 1659-2
 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 10-19-09 Shift DAY Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 #16	needs cleaned & dusted	Corrected
2. #2 #3 #36	needs cleaned & dusted	Reported
3. #4 #5 #6 #7	needs cleaned & dusted	Reported
4. #7 R #8	water in face	Reported
5. #7 R outby	water in face, needs cleaned	Reported
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested Resin
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 chapter 10 of RCP with entire crew at end of track, also did buddy check on SCR's

Jim Wilk Assistant Mine Foreman 1659-A Certificate No. Rich Arter Mine Foreman-Mine Manager 2873 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19-09 2009 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 3:00 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 Entry 0% CH4	Scrap cut	Reflector Hung
2. 2	Needs cleaned & dusted	Reported
3. 3	Needs cleaned & dusted	Reported
4. 4	Needs cleaned & dusted	Reported
5. 5	Needs cleaned & dusted	Reported
6. 6	Needs cleaned & dusted	Reported
7. 7 Entry 0% CH4	Needs cleaned & dusted	Reported
8. 3L 0% ch4	Not Bolted	Reflector Hung
9. 6R 0% ch4	Not Bolted	Reflector Hung
10. 7R 0% ch4	Water in face	Reported

Air Measurements

Location	CFM	Location	CFM
L LOB	30300		
R LOB	29400		

Remarks: Powercenter, Trunkways, Intake phone, Outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [Signature] Certificate No. 1659-A
 Countersigned [Signature] Mine Manager Certificate No. 2823L
[Signature] Assistant Foreman Certificate No. 1664-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-19-9 Shift EvC Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>2</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
4. <u>4</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
6. <u>6</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
7. <u>7</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
8. <u>3L</u>	<u>Not Bolted</u>	<u>Corrected</u>
9. <u>GR</u>	<u>Not Bolted</u>	<u>Reported Pp/Heb/r/Hung</u>
10. <u>7R</u>	<u>Water in face.</u>	<u>Reported Setting Pump</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine Foreman 10617A Certificate No. [Signature] Mine Foreman-Mine Manager 2823L Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19-07 20 Section or Area Examined #3 Section
 Time of Examination: from 9:35 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Purdie Time A.M. 10:50 P.M.
 Report received by Steve Galt 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
#1 Left	0%	None observed	None
#2 Entry	0%	Scrap Cut	Reflected
#2 Entry	0%	Needs cleaned: Dusted	Reported
#3 Entry	0%	None observed	None
#3 Left	0%	Not Bolted	Reflected
#4 Entry	0%	" "	" "
#5 Right	0%	Needs Add. cleaning	Reported
#6 Entry	0%	Not Bolted	Reflected
#6 Right	0%	Needs Add. cleaning	Reported
#7 Entry	0%	Water in FACE Pump needs Hooked up!	" "
#7 Right	0%	Air Measurements	" "

Location	CFM	Location	CFM
Left L.O.S.	26,760		
Right L.O.S.	21,230		

Remarks: 0% CH₄, 0ppm CO, 20.8% O₂ detected at time of exam
Teach, Travelways, powerline, choppers, intake phase, Refuge chamber etc 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Shannon Purdie Certificate No. 1664-A
 Countersigned Steve Galt Mine Foreman Certificate No. 28736
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 Oct, 20, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>5:59am</u>	<u>0.0%</u>	6.		
2. <u>#1</u>	<u>5:00AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

1789A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20 2009 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 3:07 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 Entry 0% CH ₄	None Observed	Reflector Hung
2. 2 "	Not Bolted	Reflector Hung
3. 3 "	None Observed	Reflector Hung
4. 3L "	None Observed	Reflector Hung
5. 4 "	None Observed	Reflector Hung
6. 5 "	Part Bolted	Reflector Hung
7. 6 "	None Observed	Reflector Hung
8. 7 "	None Observed	Reflector Hung
9. 7R Entry "	Water in face	Reported
10. 7R out by "	None Observed	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
L hOB	30590		
R hOB	23940		

Remarks: Powercenter, Changer, Trunkways, Intake phone, out by chamber ok at time of exam
 CH₄ 0% O₂ 20.8 CO 0

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

Signed By [Signature] Certificate No. 1659-A
 Countersigned [Signature] Mine Foreman Certificate No. 28230
[Signature] Assistant Foreman Certificate No. 1664-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-20-9 Shift EVF Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>2</u>	<u>Not Bolted</u>	<u>Corrected</u>
2.	<u>5</u>	<u>Part Bolted</u>	<u>Corrected</u>
3.			
4.	<u>7R</u>	<u>Water in face</u>	<u>Reported</u>
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 6 of Roof Control Paragraph 24, 30, 31, 32 with entire crew on end of Track

[Signature]
Assistant Mine Foreman

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873L
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20-09 20 Section or Area Examined 3 Section
 Time of Examination: from 9:00 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Glen Utman Time _____ A.M. _____ P.M.
 Report received by Sharon Ruden (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>O'locky</u>	<u>SWAP CUT</u>	<u>Reflected</u>
2. <u>2</u> <u>"</u>	<u>not Bolted</u>	<u>" "</u>
3. <u>3</u> <u>"</u>	<u>None Observed</u>	<u>none</u>
4. <u>3L</u> <u>"</u>	<u> </u>	<u> </u>
5. <u>4</u> <u>"</u>	<u> </u>	<u> </u>
6. <u>S</u> <u>"</u>	<u>not Bolted</u>	<u>Reflected</u>
7. <u>SR</u> <u>"</u>	<u>Cleaned & dusted</u>	<u>Reported</u>
8. <u>G</u> <u>"</u>	<u>Add cleaning</u>	<u>Reported</u>
9. <u>GR</u> <u>"</u>	<u>not Bolted</u>	<u>Reflected</u>
10. <u>7</u> <u>"</u>	<u>None Observed</u>	<u>none</u>
<u>TR</u> <u>"</u>	<u>water in face</u> <small>Air Measurements</small>	<u>Reported</u>

Location	CFM	Location	CFM
<u>A</u>	<u>2960</u>		
<u>RT</u>	<u>22,190</u>		

Remarks: 0204 0200 2018202
PC'S chargers rawekeys Intake Phone outby chamber OK

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

Signed By [Signature] 1664-A Certificate No. _____
 Countersigned [Signature] 28736 Certificate No. _____
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Oct 21, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

#4 entry	Wide Entry 22ft	Set 2 Sand Jacks
#3L	Wide Entry 21 to 23ft	Set 4 Sand Jacks
	Needs 2 timbers	Densered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	Ch4	0.00	11.		
2.	CO	0%	12.		
3.	O2	20.8%	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	#7	5:53AM 0.0%	6.		
2.	#9	5:07AM 0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21 20 09 Section or Area Examined #3 Section
 Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Burghardt Time 605 A.M. P.M.
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	0% ch4 SCRAP cut	Reported, Not Restored
#2 #5R #6 #7	NEEDS cleaned started	Reported
#3	NONE	Reported
#4	wide entry Part bolted, ledge	DANGERED OFF
#5	entry 22' wide	Reported Not Restored
#6	Part bolted, damaged bolts	Reported Not Restored
#7	SCRAP cut	Reported, Not Restored
#7R intby	water in Face	Reported
#7R outby	NEEDS Added dust	Reported

Air Measurements

Location	CFM	Location	CFM
LT COB 24,131			
RT COB 21,753			

Remarks: Powercenter, chargers, track & travel ways clear of time of exam.
 Outby chamber, intake phone on

0% Ch4 20.8% O2 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1759-A Certificate No.
 Countersigned [Signature] 28732
 Mine Manager Mine Foreman
 Assistant Foreman
[Signature] Assistant Foreman 1659-A Certificate No.
 Superintendent or Assistant

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date 10-21-09 Shift DAY Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>R1</u>	<u>SCRAP CUT</u>	<u>CORRECTED</u>
2.	<u>#2</u>	<u>NCAD</u>	<u>CORRECTED</u>
3.	<u>#3</u>	<u>none observed</u>	<u>Reported</u>
4.	<u>#3L</u>	<u>wide Entry Part bolted, Ledger</u>	<u>set 2 sand jacks, Re-bolted</u>
5.	<u>#4</u>	<u>Entry 7' 2 1/2" wide</u>	<u>Set JACKS</u>
6.	<u>#5</u>	<u>Part Bolted, damaged bolts</u>	<u>CORRECTED</u>
7.	<u>#6R</u>	<u>SCRAP CUT</u>	<u>CORRECTED</u>
8.	<u>#7R inbt</u>	<u>water in FACE</u>	<u>Reported</u>
9.	<u>#7R outbt</u>	<u>needs added dust</u>	<u>Reported</u>
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>7:00-7:30 AM</u>	<u>0% CH4</u>	11.		
		↓	12.		
<u>1-7</u>	<u>9:00-9:30 AM</u>		13.		
			14.		
<u>1-7</u>	<u>11:00-11:30 AM</u>		15.		
			16.		
<u>1-7</u>	<u>1:00-1:30 PM</u>		17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>LT RETURN</u>	<u>7:00 AM</u>	<u>0% CH4</u>	6.		
<u>RT RETURN</u>	<u>7:30 AM</u>	↓	7.		
			8.		
<u>LT RETURN</u>	<u>11:00 AM</u>		9.		
<u>RT RETURN</u>	<u>11:30 AM</u>		10.		

Number of Bolts Tested RESIN
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 chapter 15 of RGP with entire crew at end of track

Jim Mills Assistant Mine Foreman 1659A Certificate No. Richard Butler Mine Foreman-Mine Manager 2873L Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made.

Date of Examination 10-21-09 2009 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or 2:50 p.m. to 2:50 a.m. or 2:50 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 3:00 PM
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry O ₂ CH ₄	Not Bolted	Reflector Hung
2.	2 "	Scrap cut	Reflector Hung
3.	3 "	None Observed	Reflector Hung
4.	3L "	Part Bolted	Reflector Hung
5.	4 "	None Observed	Reflector Hung
6.	5 "	Mats cleaned & dusted	Reported
7.	6 "	Mats cleaned & dusted	Reported
8.	6R "	Mats cleaned & dusted	Reported
9.	7 "	None observed	Reflector Hung
10.	7R Inby "	Water in face	Reported
	7R Outby "	None Observed	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
LLOB	23009		
RLOB	23370		

Remarks: Powercenter, Travelways, chargers, outby chamber clear at time of exam
Intake phone ok

CH₄ 0% O₂ 20.8 CO 0

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

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

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-21-9 Shift Even Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>Not Bolted</u>	<u>Corrected</u>
2.	<u>2</u>	<u>Scrap cut</u>	<u>Corrected</u>
3.	<u>3 L</u>	<u>Part Bolted</u>	<u>Corrected</u>
4.	<u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5.	<u>6</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
6.	<u>6R</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
7.			
8.	<u>7R Inby</u>	<u>Water in face</u>	<u>Reported</u>
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 6 of Roof Control Plan with entire crew at end of Truels

[Signature]
Assistant Mine Foreman

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28232
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21 209 Section or Area Examined # 3
 Time of Examination: from 9:40 a.m. or p.m. to 10:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Pender Time 10:45 A.M. PM
 Report received by T. L. Johnson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	# 1	W/O	
2.	2	not bolted	
3.	2LT	wide	setting jacks
4.	3L	scraping bottom	
5.	4	W/O	
6.	4	wide need timber set	Reflection
7.	5	need clean dust	
8.	5RT	not bolted	
9.	5RT on feed line	wide need jacks set	Reflection
10.	6	W/O	
	6RT	need clean dust	
	7	wide need jacks set	Reflection
	7RT	water in face	Res.
	LT LOB	24,550	
	RT	21,200	

Remarks: NoCH4 det. Oh reason 0000
Traneways track clean
PK OK
Auto. Phone's OK fresh air base OK

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

Signed By Shannon Pender Certificate No. 1664-A
 Countersigned Rich Pender Mine Foreman Certificate No. 28734
Assistant Foreman Certificate No. 1759-A
Superintendent or Assistant
Johnson 29011

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Oct 22, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

#4
#SR
#4R

entry wide
wide
wide

Set Timbers and Jacks
set Jacks
set Jacks

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>5:04 am</u>	<u>0.0%</u>	6.		
2. <u>#1</u>	<u>5:48 pm</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

1759A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22- 2009 Section or Area Examined #3 Section
 Time of Examination: from 500 (a.m.) or p.m. to 600 (a.m.) or p.m.
 Was this report phoned to outside? Yes No
 By whom JERRY BURDUFF Time 605 A.M. P.M.
 Report received by TIM WILLIAMS (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1	SCRAP out	Reported
2.	#2	NEEDS Added cleaning	Reported
3.	#3	NONE	Reported
4.	#4	Gob in FACE, needs cleaned	Reported
5.	#5	3 head bolts, 1 wick bolt	Reported
6.	#5R	Part bolted, 1 row down	Reported, Re-Inspect
7.	#6 #7	NEEDS cleaned & dusted	Reported
8.	#7R inby	WATER in FACE	Reported
9.	#7R outby	NEEDS added dust	Reported
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: Powercenter charges track & travel ways clear at time of exam
Outby chamber, intake frame OK at time of exam

0% Ch4 20.8% O2 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1259-1A Certificate No. [Signature] 1659-A Certificate No.
 Countersigned [Signature] 28234 Assistant Foreman
 Assistant Foreman

Superintendent or Assistant

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

Date 10-22-09 Shift DAY Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1	Scrap cut	Corrected
2. #2	needs added cleaning	cleaned & dusted
3. #3	NONE	Reported
4. #4	Gob in face needs cleaned	Reported
5. #5	3 broke bolts, 1 wide bolt	Rebolted entire area
6. #5R	Part bolted, 1 run down	Repaired
7. #6 #7	needs cleaned & dusted	cleaned & dusted
8. #7R in by	water in face	Reported
9. #7R out by	needs added dust	Dusted
10. LOS 2 thru 6	wide areas	set timbers & sand & acts

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested RESIN
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 chapter 11 of RCP
At end of track with ENTIRE CREW
cleaned and dusted ENTIRE SECTION set 30 sand & acts and timbered wide areas
J. M. Wilton 1659-A Rick John 2873C

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22-09 20 Section or Area Examined #3
 Time of Examination: from 2 a.m. or PM to 2:45 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 3 A.M. PM
 Report received by Bruce Collins (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>D'ochy</u>	<u>SCRAP cut</u>	<u>Reported</u>
2. <u>203</u> <u>D'ochy</u>	<u>N/O</u>	<u>none</u>
3. <u>4</u> <u>D'ochy</u>	<u>gab</u>	<u>Reported</u>
4. <u>5</u> <u>D'ochy</u>	<u>need add cleaning</u>	<u>Reported</u>
5. <u>5R</u> <u>D'ochy</u>	<u>gab</u>	<u>Reported</u>
6. <u>6+7</u> <u>D'ochy</u>	<u>N/O</u>	<u>none</u>
7.		
8. <u>6 x cut</u> <u>D'ochy</u>	<u>SCRAP</u>	<u>Reported</u>
9. <u>7 x cut inbu</u> <u>D'ochy</u>	<u>water</u>	<u>Reported</u>
10. <u>7 x cut outby</u> <u>D'ochy</u>	<u>N/O</u>	<u>none</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u> <u>LT</u>	<u>26,334</u>		
<u>RT</u>	<u>21,660</u>		

Remarks: 20.8% O2 0% CH4 0ppm CO at TOE

Trampings, walkways, power cables, haulage ways and outby shells clear at TOE

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

Signed By Tim Williams Certificate No. 1659-A
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Rick Jahn 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 10-22-09 Shift eve Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>SCRAP cut</u>	<u>mined cut</u>
2. <u>2+3</u>	<u>N/O</u>	<u>none</u>
3. <u>4</u>	<u>gob</u>	<u>Reported</u>
4. <u>5</u>	<u>need Add clean</u>	<u>checked by face</u>
5. <u>5R</u>	<u>gob</u>	<u>Reported</u>
6. <u>6L7</u>	<u>N/O</u>	<u>none</u>
7.		
8. <u>6 x cut</u>	<u>SCRAP</u>	<u>mined cut; Reported</u>
9. <u>7 x cut inby</u>	<u>water</u>	<u>Reported</u>
10. <u>7 x cut outby</u>	<u>N/O</u>	<u>none</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>440-530</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1015-1100</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u> <u>L</u>	<u>630</u>	<u>0%</u>	6.		
2. <u>R</u>	<u>700</u>	<u>0%</u>	7.		
3.			8.		
4. <u>L</u>	<u>1014</u>	<u>0%</u>	9.		
5. <u>R</u>	<u>1042</u>	<u>0%</u>	10.		

Number of Bolts Tested None

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 end of 7K at start of shift Based page 4 part 1 of RCP with crew

Brian Collins
Assistant Mine Foreman

1543-A
Certificate No.

Rick Suter
Mine Foreman-Mine Manager

2823C
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Oct 22 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:15 a.m. or 11:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 11:09 A.M. (P.M.)
 Report received by Jeremy Burghoff
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-26-3</u>	<u>CH⁴ 0.0% observed</u>	<u>none</u>
2. <u>3R</u>	<u>Wide Entry</u>	<u>Reflector off</u>
3. <u>4</u>	<u>Needs add cleaning</u>	<u>Reported</u>
4. <u>S-SR-6-GR-7</u>	<u>needs cleaned and Dusted</u>	<u>Reported</u>
5. <u>GR cutback</u>	<u>Scrap cut</u>	<u>Reflector off</u>
6. <u>7R inby</u>	<u>Water in face</u>	<u>Reported</u>
7. <u>7R outby</u>	<u>Needs add Dusting</u>	<u>Reported</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L+ LOB</u>	<u>25,840</u>	_____	_____
<u>R+ LOB</u>	<u>21,202</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CH⁴ 0.0% O₂ 20.8% CO 0% at time of exam.

Powercorder, chargers, travelways clear at time of exam

Outby chamber, Intake Phase ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Rob Felt Certificate No. 28736
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 Oct 23 09 Shift 0w1 Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

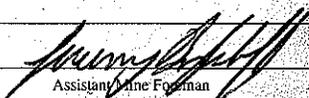
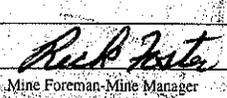
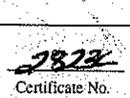
Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>5:02 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:51 AM</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No. 1259-A

Mine Foreman-Mine Manager

Certificate No. 2822

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Oct 23 20 09 Section or Area Examined #3 Section
 Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Stephen J. Burghardt Time 605 A.M. P.M.
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% Ch4	Scrap cut	Reported
2.	#2	Needs Added cleaning	Reported
3.	#3	"	Reported
4.	#4	none observed	Reported
5.	#5	Part Bolted / Rowdown	Reported, re-Fluctuated
6.	#5R	Needs cleaned & adjusted	Reported
7.	#6 #7	"	" "
8.	#7R inby	water in face	" "
9.	#7R outby	Needs Added cleaning	" "
10.			

Air Measurements

Location	CFM	Location	CFM
Lt LOB	24,442		
Rt LOB	23,181		

Remarks: Powercenter, chargers, track 2 travel ways clear at time of exam, outby chamber, intake phone OK at time of exam

0% Ch4 20.8% O2 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 1037-A
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 29736
 Assistant Foreman Certificate No. 1659-A
 Superintendent or Assistant

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date 10-23-09 Shift DAY Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1	SCRAP cut	corrected
2.	#2 #3	needs added cleaning	cleaned
3.	#4	none	Reported
4.	#5	part bolted 1 row down	Reported
5.	#5R	needs cleaned & dusted	corrected
6.	#6 #7	needs cleaned & dusted	Reported
7.	#7R inbty	water in FACE	Reported
8.	#7R outbty	needs added cleaning	Reported
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested Revis
 Number of Bolts Torqued Above Range _____ Below Range _____
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 6 chapter 30 of RCP with ENTIRE AIG END OF TRACT. ALSO OUR SAFETY DIRECTOR DISCUSSED SAFETY with CREW

Jim Wilton Assistant Mine Foreman 1659-A Certificate No. Paul Foster Mine Foreman-Mine Manager 28231 Certificate No. _____ Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-23 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or p.m. to 2:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 2:55 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 Entry 0% CH4</u>	<u>Scrap cut</u>	<u>Reflector Hung</u>
2. <u>2 "</u>	<u>Needs cleaned & dusted.</u>	<u>Reported.</u>
3. <u>3 "</u>	<u>Part Bolted</u>	<u>Reflector Hung</u>
4. <u>4 "</u>	<u>Not Bolted</u>	<u>Reflector Hung</u>
5. <u>5 "</u>	<u>Needs cleaned & dusted.</u>	<u>Reported.</u>
6. <u>5R "</u>	<u>GoB in face</u>	<u>Reported.</u>
7. <u>6 "</u>	<u>None observed</u>	<u>Reflector Hung</u>
8. <u>7 "</u>	<u>None observed</u>	<u>Reflector Hung</u>
9. <u>7R Inby "</u>	<u>Water in face.</u>	<u>Reported</u>
10. <u>7R Outby "</u>	<u>None observed</u>	<u>Reflector Hung</u>

Air Measurements

Location	CFM	Location	CFM
<u>L hOB</u>	<u>24206</u>		
<u>R hOB</u>	<u>22135</u>		

Remarks: Powercenter chargers Track & ~~Fr~~by Trains Ways clear at time of exam
Outby Chamber

CH4 O2 CO
0% 20.8 0

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

Signed By Tim Williams Certificate No. 1659-A
 Preshift-Mine Examiner
 Countersigned Rich [Signature] Certificate No. 2873C Assistant Foreman
 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 10-23-9 Shift Sw Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>Scrap cut</u>	<u>Corrected</u>
2.	<u>2</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3.	<u>3</u>	<u>Part Bolted</u>	<u>Corrected</u>
4.	<u>4</u>	<u>Not Bolted</u>	<u>Corrected</u>
5.	<u>5</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
6.	<u>SR</u>	<u>Gob in face</u>	<u>Reported</u>
7.	<u>7R</u>	<u>Water in face</u>	<u>Reported</u>
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof control Plan with entire crew @ Atend of Truck

[Signature] Assistant Mine Foreman 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 25236 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-23 20 Section or Area Examined 3 section
 Time of Examination: from 940 a.m. or 1040 a.m. or p.m.
 Was this report phoned to outside: no
 By whom Shannon Rader Time 1105 P.M.
 Report received by Glen Ulman
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>D/ochy</u>	<u>Add cleaning</u>	<u>Reported</u>
2. <u>2</u> <u>D/ochy</u>	<u>Scrap</u>	<u>Reflected</u>
3. <u>3</u> <u>D/ochy</u>	<u>cleaned - dusted</u>	<u>Reported</u>
4. <u>4</u> <u>D/ochy</u>	<u>" "</u>	<u>" "</u>
5. <u>5</u> <u>D/ochy</u>	<u>Add cleaning</u>	<u>Reported</u>
6. <u>SR</u> <u>D/ochy</u>	<u>Cleaned</u>	<u>" "</u>
7. <u>6</u> <u>D/ochy</u>	<u>N/D</u>	<u>none</u>
8. <u>6R</u> <u>D/ochy</u>	<u>Scrap</u>	<u>Reflected</u>
9. <u>7</u> <u>D/ochy</u>	<u>N/D</u>	<u>none</u>
10. <u>7R</u> <u>D/ochy</u>	<u>water in face</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>23570</u>		
<u>RT</u>	<u>21300</u>		

Remarks: ADJACENT Centers, Chargers, Track clear
outby Chamber clear Intake Bone OK
DB CWA 600 20.83 02

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

Signed By [Signature] Certificate No. 1664-A
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 28736
 Mine Manager Mine Foreman
 Assistant Foreman
[Signature] Assistant Foreman Certificate No. 1759-A
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27-09 Shift Over Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.	#4 entry ^{lock} cut feeder	Wide Entry	Set timbers
10.	3R	Wide Entry	Reset timbers

Section Idle

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	Ch ⁴	0.0%	11.		
2.	02	0%	12.		
3.	02	20.8%	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	#7	5:02 AM	0.0%	6.	
2.	#1	5:51 AM	0.0%	7.	
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature] Assistant Mine Foreman 1759A Certificate No.

[Signature] Mine Foreman-Mine Manager 2873L Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-24 2009 Section or Area Examined #3 Section
 Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom James Bulghetti Time 605 A.M. P.M.
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 O% Ch4	needs cleaned/dusted	Reported
#2	Scrap out	Reported
#3 #3R	needs cleaned/dusted	Reported
#4	none observed	Reported
#5	Part bolted, 1 row down	Reported
#5R	needs cleaned/dusted	Reported
#6R	damaged bolts	Reported, sprayed off
#7	needs cleaned/dusted	Reported
#7R inby	water in face	Reported
#7R outby	needs added cleaning	Reported

Air Measurements

Location	CFM	Location	CFM
LT LOB	23,754		
LT LOB	20,436		

Remarks: Percentages checked, track 2 tracks are clear at time of exam
Outby chamber, inby phone off at TOE

0% Ch4 20.8% O2 0% CO

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

Signed By James Bulghetti 1759-A Certificate No. 98734
 Countersigned Rich Fortin Mine Manager Mine Foreman
Tim Williams Assistant Foreman 1659-A Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-24-09 Shift DAY Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

#	Location	Violation or Hazardous Condition	Action Taken
1.	#1	NEEDS CLEANED & DUSTED	CLEANED & DUSTED
2.	#2	SCRAP CUT	CORRECTED
3.	#3 4SR	NEEDS CLEANED & DUSTED	REPORTED
4.	#4	NONE OBSERVED	REPORTED
5.	#5	PLAT BOLTED	CORRECTED
6.	#5R	NEEDS CLEANED & DUSTED	CORRECTED
7.	#6R	DAMAGED BOLTS	DROPPED OFF
8.	#7	NEEDS CLEANED & DUSTED	DUSTED
9.	#7R inby	WATER IN FACE	REPORTED
10.	#7R outby	NEEDS ADDED CLEANING	CORRECTED

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt RETURN	7:00 AM	0% CH ₄	6.		
2. Rt RETURN	7:30 AM	↓	7.		
3.			8.		
4. Lt RETURN	11:00 AM		9.		
5. Rt RETURN	11:30 AM		10.		

Number of Bolts Tested RESIN

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) WENT OVER PAGE 4 CHAPTER 8 OF RCP
WITH END IAG CREW AT END OF SHIFT

[Signature] Assistant Mine Foreman 1659-A Certificate No. [Signature] Mine Foreman-Mine Manager 28736 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-24-79 20 09 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or p.m. to 2:45 a.m. or p.m.
 Was this report phoned to outside: no yes
 By whom Tim Williams Time 2:55 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Entry 0% CH ₄	Needs corner Bolt	Reported
2.	" "	Needs cleaned & dusted	Reported
3.	" "	Needs cleaned & dusted	Reported
4.	3R "	Needs cleaned & dusted	Reported
5.	4 "	Scrap cut	Reflector Hung
6.	5 "	Needs additional cleaning ^{Dusting}	Reported
7.	SR "	Needs additional Dusting	Reported
8.	6 "	Needs additional cleaning	Reported
9.	6R "	Needs additional cleaning	Reported
10.	7 "	None observed	Reflector Hung
	7R Inby "	Water in face	Reported
	7R Outby "	None observed	Reflector Hung

Location	CFM	Location	CFM
h hob	22863		
R hob	20614		

Remarks: Powercenter, Trussways, choppers, Intake phone, and outby chamber OK at time of exam

CH₄ 0% O₂ 20.8 CO 0

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

Signed By [Signature] Certificate No. 1659-A
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 1664-A
 Assistant Foreman Superintendent or Assistant

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

Date 10-24-9 Shift Ev Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Needs corner Bolt</u>	<u>Corrected</u>
2. <u>2</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
4. <u>3R</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>4</u>	<u>Scrapcut</u>	<u>Corrected</u>
6. <u>5</u>	<u>Needs additional dusting</u>	<u>Corrected</u>
7. <u>5R</u>	<u>Needs additional dusting</u>	<u>Corrected</u>
8. <u>6</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
9. <u>6R</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
10. <u>7R</u>	<u>Water in face</u>	<u>Reported</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. <u>5R, 8R</u>	<u>8:00</u>	_____
5. <u>1-7</u>	<u>8:30-9:00</u>	<u>0%</u>	15. <u>5R, 10</u>	<u>9:50</u>	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>10:30-11:00</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 15
 Number of Bolts Torqued Above Range 0 Below Range 0
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control plan
Paragraph 1, 2, 3, & 4 with entire crew attend of Truck

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

PRESHIFT-MINE EXAMINER'S REPORT # 3

Use Indelible Pencil or Ink

Date of Examination 10-24 20 09 Section or Area Examined _____
 Time of Examination: from 940 a.m. or PM to 1040 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Shannon Purdie Time A.M. 1045 PM
 Report received by Jay Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>Dinky</u>	<u>Needs add cleaning</u>	<u>Reported</u>
2. <u>2</u> <u>Dinky</u>	<u>Scrap</u>	<u>Reflected</u>
3. <u>3</u> <u>Dinky</u>	<u>N/O</u>	<u>NONE</u>
4. <u>3R</u> <u>Dinky</u>	<u>N/O</u>	<u>NONE</u>
5. <u>4</u> <u>Dinky</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
6. <u>4R</u> <u>Dinky</u>	<u>Scrap</u>	<u>Reflected</u>
7. <u>5</u> <u>Dinky</u>	<u>Needs Cleaned</u>	<u>Reported</u>
8. <u>5R</u> <u>Dinky</u>	<u>Needs add Cleaning</u>	<u>Reported</u>
9. <u>6</u> <u>Dinky</u>	<u>N/O</u>	<u>NONE</u>
10. <u>6R</u> <u>Dinky</u>	<u>Danger off</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB L</u>	<u>23,580</u>		
<u>LOB R</u>	<u>21,150</u>		

Remarks: 0% CH₄, 0% CO, 20.8% Detected at exam
Chamber OK at exam
Intake Phase OK at exam
PC, Track, Travelway, Haulage way clean at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 16641-A Assistant Foreman [Signature] Certificate No. _____
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 28732
 Assistant Foreman _____
 Superintendent or Assistant _____
[Signature] 29611

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

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 Oct 25 2009 Section or Area Examined 3-Section
 Time of Examination: from 9:00 a.m. or 11:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by Jeremy Bushnell 1759-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-</u>	<u>240.0% Needs cleaned and Dusted</u>	<u>Reported</u>
2. <u>2</u>	<u>Scrap Cut, no Curtain</u>	<u>Reflector off, Hang Curtain</u>
3. <u>3R</u>	<u>Part Bolted 1 Row Down</u>	<u>Reflector off</u>
4. <u>3R</u>	<u>Needs cleaned and Dusted</u>	<u>Reported</u>
5. <u>4R</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
6. <u>4</u>	<u>Needs cleaned and Dusted</u>	<u>Reported</u>
7. <u>5-SR-7-7R outby</u>	<u>Needs cleaned</u>	<u>Reported</u>
8. <u>6</u>	<u>NONE-observed</u>	<u>NONE</u>
9. <u>OR</u>	<u>Dangered off Loose Brake</u>	<u>Reported, Reflector off</u>
10. <u>7R Tuby</u>	<u>Water in face</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>24,216</u>		
<u>Rt LOB</u>	<u>20,521</u>		

Remarks: Ch⁴ 0.0% CO 0% O₂ 20.8% at time of exam.
Powercenter, chargers travel was clear at time of exam
culby chamber of intake Phase 04

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

Signed By Jeremy Bushnell Certificate No. 1759-A
 Preshift Mine Examiner Assistant Foreman
 Countersigned Rick Foster Certificate No. 28236
 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 Oct 26, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch⁴</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>O₂</u>	<u>20.8%</u>	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>5:00am</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:47am</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature] 1759-A
 Assistant Mine Foreman 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 Oct 26 2009 Section or Area Examined 3 Section
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes Y no no
 By whom Jeremy J. Burghardt Time 6:05 A.M. P.M.
 Report received by Jim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% Ch4	needs cleaned dusted	Reported
2.	#2	Scrap Cut	Reported, Rechecked
3.	#3	needs cleaned dusted	Reported
4.	#3R	Part Bolted	Reported, Rechecked
5.	#4	Part Bolted	
6.	#4R	Scrap Cut	Reported
7.	#5	needs cleaned dusted	"
8.	#6R	Part Bolted	Reported, Rechecked
9.	#6	None	Reported
10.	#6R	Damaged Bolt	Removed off
		Water in Face	Reported

Location	CFM	Location	CFM
LT LOB	23,880		
RT LOB	26,342		

Remarks: Power centers, chargers track 2 tracks clear at time of exam
 Out of chamber, intake phone off at time of exam

0% Ch4 20.8% O2 0% Co

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

Signed By Jeremy J. Burghardt Certificate No. 1753-17
 Assistant Foreman Jim Williams Certificate No. 1659-0
 Countersigned _____
 Mine Manager _____ Mine Foreman _____
 Assistant Foreman _____
 Superintendent or Assistant _____

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

Date Oct. 26, 09 Shift Out Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1	needs cleaned & dusted	Corrected
2.	#2	Scrap cut	Corrected
3.	#3 #5	needs cleaned & dusted	cleaned & dusted
4.	#3R	Part Bolted	Corrected
5.	#4 #5R	Part Bolted	Corrected
6.	#6	none	Reported
7.	#6R	damaged bolts	Removed off
8.	#7R #67	water in FACE	Reported
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested RESIN

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 chapter 26 of RCP with entire crew at end of track

Jim Wills Assistant Mine Foreman 1659-A Certificate No. Mine Foreman-Mine Manager _____ Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-26- 20 09 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or (p.m.) to 3:50 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time A.M. 3:00 (P.M.)
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Entry 0% CH ₄	Needs cleaned & dusted	Reported
2. 2	Needs cleaned & dusted	Reported
3. 3	Needs cleaned & dusted	Reported
4. 3R #	Not Bolted	Reflector Hung
5. 4	Needs cleaned & dusted	Reported
6. 5	Needs cleaned & dusted	Reported
7. 5R	Needs cleaned & dusted	Reported
8. 6	Scrap cut	Reflector Hung
9. 7R Inby Entry 0% CH ₄	Water in face	Reported
10. 7R Outby	None Observed	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
L 10B	23800		
R 10B	20480		

Remarks: Powercenter, Travelways chengars, Track, Intake phone, & Outby chamber
ok at time of exam

CH₄ 0% O₂ 20.8 CO 0

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

Signed By Tim Williams Certificate No. 1659-A
 Preshift-Mine Examiner
 Countersigned _____ Assistant Foreman
 _____ Mine Manager Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant
 Certificate No. 1664-A