

#4 Banner Sect.
PRESHIFT - ONSHIFT
and
DAILY REPORT

STARTED 12-18

Finished 1-6-10

Company Performance

Mine UBB

SECTION Banner

LOCATION _____

Post Office

County

State

Finished 1-6-10

Form 6-1489
(March 1970)

Budget Bureau Pub. 42-1589

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Needs Cleaned + Dusted	Rep.
2.	2	Needs Cleaned + Dusted	Rep.
3.	3, 3R	Needs Addl. Cleaning	Rep.
4.	4, 5, 6,	None Observed	Rep.
5.	6R	Needs Cleaned	Rep.
6.	7	Needs Addl. Cleaning	Rep.
7.	8	Needs Cleaned + Dusted	Rep.
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	100-145 AM	0%	11.			
2.		300		12.			
3.	1-8	300-348 AM	0%	13.			
4.				14.			
5.	1-8	500-550 AM	0%	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.	Lt Return	100 AM	0%	6.			
2.	Rt Return	145 AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	550 AM	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Out by Air Chamber, + Intake Phone Clear at Time of Exam

Randall Lafferty
Assistant Mine

38424
Certificate No.

Reck Post
Mine Foreman-Mine Manager

2824
Certificate No.

Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-18 20... Section or Area Examined PARCEL
 Time of Examination: from 5:00 or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:55 (A.M.) P.M.
 Report received by R. Lafferty (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH₄ 0% O₂ 20.8%</u>	<u>needs cleaned</u>	<u>Ref</u>
2. <u>CH₄ 0% O₂ 20.8%</u>	<u>needs cleaned & dusted</u>	<u>Ref</u>
3. <u>383R CH₄ 0% O₂ 20.8%</u>	<u>needs add'l cleaning</u>	<u>Ref</u>
4. <u>457E CH₄ 0% O₂ 20.8%</u>	<u>were obscene</u>	
5. <u>61 CH₄ 0% O₂ 20.8%</u>	<u>needs cleaned</u>	<u>Ref</u>
6. <u>7 CH₄ 0% O₂ 20.8%</u>	<u>needs add'l cleaning</u>	<u>Ref</u>
7. <u>8 CH₄ 0% O₂ 20.8%</u>	<u>needs cleaned & dusted</u>	<u>Ref</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>17024</u>		
<u>RLOB</u>	<u>23275</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear at time of exam
O₂ 20.8% CH₄ 0%

Out by shelter clear at time of exam

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

Signed By Randall Lafferty Certificate No. 38424
 Assistant Foreman
 Countersigned Rick Foster Certificate No. 28736
 Mine Manager—Mine Foreman
 Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18-09 Section or Area Examined Banbury Section
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Steve Barcott Time A.M. 255 P.M.
Report received by Bruce Collins (Signed) 1543-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	102 20.8	0%	N/A	none
2.	3L 20.8	0%	Scrap cut	Reflections
3.	4 20.8	0%	N/A	none
4.	5R 20.8	0%	Paint balled	Reflections
5.	6 20.8	0%	Paint balled	Reflections
6.	7R 20.8	0%	Scrap cut	Reflections
7.	8 20.8	0%	muds cleaned + dusted	Repaired
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	LT 19,185		
	RT 22,260		

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

Tunnels, haulageways, walkways, powerlines and cutting shelter clear at time of exam

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 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. 38058-08 Assistant Foreman Bruce Collins
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736 Assistant Foreman Steve Barcott
Certificate No. 1543-A
Certificate No. 1658-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 12-18-09 Shift eve Area or Section Barnes Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1A2</u>	<u>N/O</u>	<u>none</u>
2. <u>3L</u>	<u>Scrap cut</u>	<u>mined cut</u>
3. <u>4</u>	<u>N/O</u>	<u>none</u>
4. <u>5R</u>	<u>Part bolted</u>	<u>bolted to face</u>
5. <u>6</u>	<u>Part bolted</u>	<u>bolted to face</u>
6. <u>7R</u>	<u>Scrap cut</u>	<u>mined cut</u>
7. <u>8</u>	<u>nicks chumel + dusted</u>	<u>chumel + dusted</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-8</u>	<u>950-1030</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 L</u>	<u>636</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>950</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>1029</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 16
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) Read page 4 part 3 of RCP with

open at end of TK at start of shaft
Barnes Collins Assistant Mine 154317 Certificate No. Paul Zota Mine Foreman-Mine Manager 2822 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18-09 20. Section or Area Examined Barrick Section
 Time of Examination: from 9:50 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no no 5
 By whom Brought out Time 1045 A.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3, 4</u>	<u>20.8 0%</u>	<u>N/A</u>	<u>none</u>
2. <u>5</u>	<u>20.8 0%</u>	<u>needs cleanup & dusted</u>	<u>Requested</u>
3. <u>6</u>	<u>20.8 0%</u>	<u>N/A</u>	<u>none</u>
4. <u>7</u>	<u>20.8 0%</u>	<u>cleanup</u>	<u>Reflected</u>
5. <u>8</u>	<u>20.8 0%</u>	<u>N/A</u>	<u>none</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT 19090</u>	_____	_____
_____	<u>RT 21746</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8%⁰² 0% CH4 Oppm⁰⁰ at time of exam
tunnels, walkways, haulways, powdercell
and entry status clean at TOE
Intake Phone ok at TOE

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

Signed By Bruce Collins 154311
 Preshift-Mine Examiner Certificate No.
 Countersigned Red Post 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-19-09 20. Section or Area Examined Basin Section
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

1. _____
2. _____
3. Bandytown fan off at 4:45 AM
4. _____
5. _____
6. Pulled crews outside until fan in
7. operation, power established, and mines
8. properly restarted
9. _____
10. _____

Air Measurements

Location	CFM	Location	CFM
----------	-----	----------	-----

Remarks: _____

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

Signed By _____ Freshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ Mine Manager-Mine Foreman 28736
 _____ Assistant Foreman 28736
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-21 2009 Section or Area Examined #4 Barrier section
Time of Examination: from 9:45 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Brought out Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>.05 % CH₄ TOP Broke from Bolts</u>	<u>Danger tag</u>
<u># 2,3,4,5,6,7</u>	<u>0 % CH₄ None observed</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>Lob LT</u>	<u>18270</u>		
<u>RT</u>	<u>21145</u>		

Remarks: 0 % CH₄ 20.5 % O₂ 0 % CO at exam
Travelways walkways Roadway track power centers
clear - Barriercle clear at time of exam

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

Signed By [Signature] 38929 Certificate No. _____ Assistant Foreman Certificate No. _____
Countersigned [Signature] 28734 Certificate No. _____
Assistant Foreman _____
Superintendent or Assistant _____

M. 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. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 12-21-09 20 Section or Area Examined #4 Barrier Section
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>Section Idle</u>	<u>NOT firebossed</u>
2. _____	<u>BELTS Idle</u>	
3. _____		
4. <u>Checked only</u>	<u>to section power center</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: All power boxes, D-boxes, chargers clear AT EXAM
& pumps 0% CH4, 20.8% O2, 0% O2

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

Signed By Gene Martin 31688
Preshift-Mine Examiner Certificate No.
Countersigned Rick Peter 28234
Mine Manager - Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21- 209 Section or Area Examined #4 sec.
 Time of Examination: from 8:32 a.m. or 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Time A.M. P.M.
 Report received by Brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

1.		
2.	<u>section idle</u>	
3.	<u>No pre-shift or sec.</u>	
4.		
5.	<u>P/C's & Charges clear</u>	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
----------	-----	----------	-----

<u>Good air movement</u>			

Remarks: No CH₄ detect. O₂ 20.8 or 20.0%
Tracks & travelways clear at exam

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

Signed By [Signature] 2964 Assistant Foreman Certificate No.
 Countersigned [Signature] 2873 Mine Manager—Mine Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-22-79 Section or Area Examined #4 Sm. Banner
Time of Examination: from 4:00 a.m. or p.m. to 4:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 8 rows of handwritten entries regarding H2S and O2/CH4 levels.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for Lt. (19,060) and Rt. (21,160).

Remarks: NOCH4 detect. O2 20.50% CO2
Power Centers Charger clean
Tracks + Trunkways clean at exam.
Fresh Air Bay + Phone clean check on chamber
#1 entry face Rt. side need 2 bolts re-bolted.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 29611 Preshift Mine Examiner Certificate No.
Countersigned [Signature] 28734 Mine Manager - Mine Foreman Assistant Foreman Certificate No.

Dave Martin 3688 Superintendent or Assistant
Kenny Thompson 1689A

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-27-09 20. Section or Area Examined 4 Sec. Barrier
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>No pre-shift done</u> <u>Section idle</u> <u>Fire loss to section power center</u>	_____
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Tracks, travelways clear
pumps, power centers, delay & chargers clear
0% CH₄, 0% CO, 21.4% O₂
Fresh air lay & phone clear

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

Signed By Gene Martin 31688
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rock Jelen 28732
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant-Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23 20. 9 Section or Area Examined c/sec. Bannin
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 3 contains handwritten text: Section edge No. be shift Exam made to Sec. P/c

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LT 20,010. Row 2: RT. 19,874

Remarks: NoCH4 detect. O2 20.80% CO2 P/c charger clear Track & Trunkways clear at exam. Fresh Air Base & Intake Pans clear

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

Signed By [Signature] 79611 Certificate No. Assistant Foreman
Countersigned [Signature] 28236 Certificate No. Mine Manager-Mine Foreman
Assistant Foreman

Gene Martin 31688

Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-23 2009 Section or Area Examined Barrier sect.
Time of Examination: from 10:30 a.m. or p.m. to 11:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. Foster Time 11:15 P.M.
Report received by Blomett (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
# 1 20.8 O ₂ 0% CH ₄	draw rock fell around bolt	reflectors hung
# 2 24 # 2 L 20.8 O ₂ 0% CH ₄	none observed	reflectors hung
# 3 20.8 O ₂ 0% CH ₄	none obs.	reflectors hung
# 4 20.8 O ₂ 0% CH ₄	water in face none obs. B	reflectors hung
# 5 20.8 O ₂ 0% CH ₄	none obs.	reflectors hung
# 6 # 6 R 20.8 O ₂ 0% CH ₄	none obs.	reflectors hung
# 7 20.8 O ₂ 0% CH ₄	none obs.	reflectors hung
8		
9		
10		

Location	Air Measurements		Location	CFM
	CFM			
L LOB	17,700			
R LOB	12,320			

Remarks: power center, chargers, pumps & travelway & track
safe to travel at time of exam 20.8 O₂ 0% CH₄
sect. needs machine dusted
Outby shelter clear at time of exam
Intake phone working at time of exam

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

Signed By Rick Foster 28732 Certificate No. Assistant Foreman Certificate No.
Countersigned Rick Foster 28732 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 12-23-09 20 Section or Area Examined 4 Section
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for #1 and #4 entries, and a large signature 'VOID R.J.F.' across the bottom rows.

Air Measurements

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

Remarks: [Dashed lines for handwritten notes]

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

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

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indellible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23-09 20 Section or Area Examined Banner Section
Time of Examination: from 7:00 a.m. or p.m. to 3:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1 through #10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data for left and right O.K. cuts.

Remarks: 20.8% O2, 0% CH4, 0% CO, track, trackways, power cuts, scoop charger clear at time of exam.

Only shelter clear at time of exam
Intake working at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Rick Foster 28232 Certificate No.
Countersigned Rick Foster 28232 Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-25-69 20. Section or Area Examined Samer
 Time of Examination: from 8:30 a.m. or 1:30 p.m. to 11:30 a.m. or 4:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Brightfast 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.	Section Idle	no power
2.	no Preshift	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: _____

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

Signed By [Signature] 1247-A
 Preshift-Mine Examiner Certificate No.
 Countersigned [Signature] 28236
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.

 Assistant Foreman

 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-26-09 20. Section or Area Examined Banner
 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 no brought out
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>Section Idle no power</u>	<u>No Preshift</u>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: _____

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

Signed By [Signature] Certificate No. 1947A
 Preshift-Mine Examiner Assistant Foreman Certificate No.
 Countersigned [Signature] 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 Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26 Section or Area Examined #4 BARRIER SECTION

Time of Examination: from 10 a.m. or p.m. to 14 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: NO POWER, NO PRESHIFT, SECTION IDE.

Table for Air Measurements with columns: Location, CFM, Location, CFM.

Remarks:

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

Signed By Jim W. [Signature] 1659-A Kenneth Thompson 1689A

Countersigned Rick Foster 28736

Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 12-26-2009 Section or Area Examined #4
Time of Examination: from 8:30 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Thompson Time A.M. 1030 P.M.
Report received by Broughton (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

- 1. NO power NO Preshift
- 2.
- 3. Section Idle
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Air Measurements

Location

CFM

Location

CFM

Remarks:

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

Signed By Kenny Thompson 1689A Certificate No. 28736
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-27 2009 Section or Area Examined #4
Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Thompson Time A.M. P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: NO power, NO preshift. Row 2: Section Idle.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM.

Remarks:

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

Signed By Kenny Thompson Certificate No. 1689A
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefinible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Supervisor of Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-27 2009 Section or Area Examined 4 Section benches
Time of Examination: from 12 a.m. or 0 p.m. to 3 a.m. or 0 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No Power</u>	<u>No Preshift</u>	
2. _____		
3. _____	<u>Section Idk</u>	
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: _____

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

Signed By Jag Stewart 39199 _____
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rich Foster 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-27-09 Section or Area Examined 4 sec. Barrier
Time of Examination: from 9:30 a.m. or 9:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by Blough T Out (Signed) Time A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains air measurement data for LOB at LT and RT.

Remarks: 0% CH4, 20.8% O2, 0 ppm CO. Detected.
Travelways, Powercenter, chargers, OK At Time of exam
Intake Phone, Shelter OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1947-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28731
Assistant Foreman
Superintendent or Assistant

Use Indefinible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-28-09 20⁰⁹ Section or Area Examined #4 Barrier
Time of Examination: from 4:05 a.m. or p.m. to 4:35 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% CH4 20.8% O2	Needs spot Bolted	Reflectors
2.	#2 0% CH4 20.8% O2	None observed	Reported
3.	#2 0% CH4 20.8% O2	none observed	Reported
4.	#3 0% CH4 20.8% O2	Needs cleaned	Reported
5.	#4 0% CH4 20.8% O2	Water	Reported
6.	#5 0% CH4 20.8% O2	None observed	Reported
7.	#6 0% CH4 20.8% O2	None observed	Reported
8.	#6R 0% CH4 20.8% O2	none observed	Reported
9.	#7 0% CH4 20.8% O2	Add cleaning	Reported
10.	#8 0% 20.8% O2	none observed	Reported

Air Measurements

Location	CFM	Location	CFM
LOB Lt	16,542		
	Rt	12,352	

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected
Travelways, Powercenter, Chargers, ~~Travel~~ OK At time of exam

OUTBy Shelter OK
INTake phone Not Responsive

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1947A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 2372
[Signature] Assistant Foreman Certificate No. 32058-08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-28 Shift Day Area or Section Banner

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries like 'wooded spot bated water' and 'wooded hole / opening correct'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-8 with times and circled '0' for methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-5 with times and circled '0' for methane content.

Number of Bolts Tested 32 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) vent over for 14 roof control with crew at 6:00 PM

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 12-28-09 20-- Section or Area Examined Brewer Section
 Time of Examination: from 1 a.m. or 9 a.m. to 2 a.m. or 2 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Harcourt Time 250 A.M.
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>20.8</u> <u>0%</u>	<u>N/A 1 Bolt needed</u>	<u>Bolting none</u>
2.	<u>2</u>	<u>20.8</u> <u>0%</u>	<u>Paint Batted</u>	<u>Reflectors</u>
3.	<u>3R</u>	<u>20.8</u> <u>0%</u>	<u>Scrap cut</u>	<u>Reflectors</u>
4.	<u>4</u>	<u>20.8</u> <u>0%</u>	<u>water in face</u>	<u>Reported</u>
5.	<u>5</u>	<u>20.8</u> <u>0%</u>	<u>N/A</u>	<u>none</u>
6.	<u>6R</u>	<u>20.8</u> <u>0%</u>	<u>Scrap cut</u>	<u>Reflectors</u>
7.	<u>7</u>	<u>20.8</u> <u>0%</u>	<u>N/A</u>	<u>none</u>
8.	<u>8</u>	<u>20.8</u> <u>0%</u>	<u>Paint Batted</u>	<u>Reflectors</u>
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>DOB</u>	<u>Lt 19,600</u>		
	<u>Rt 19,356</u>		

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

tunnelways, walkways, power centers, haulage ways and other
shelters clear at time of exam

Intake Phone OK at time of exam

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

Signed By [Signature] Certificate No. 390808
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732
Bruce Collins Assistant Foreman Certificate No. 1543-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 12-28-09 Shift eve Area or Section Bulwark Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Number of Bolts Tested 38 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) Red page 4 part 1 of RCP with

Signature of Assistant Mine, Certificate No. 1543-D, Signature of Mine Foreman-Mine Manager, Certificate No. 29736, Signature of Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-28-09 Section or Area Examined Barrier section
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 10:55 P.M.
Report received by [Signature] 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as '#1 0% CH4 20.8% O2 Needs Cleaned And Dusted Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'L.O.B. Lt 19,430 Rt 19,605'.

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O. Detected
Travelways, walkways, haulageways, power centers, outby shelter, and
Intake Phone OK

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

Signed By Brian Collins 1543-A Certificate No.
Countersigned Rick Foster 28732 Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

[Handwritten signature] 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-29-09 Shift 3rd

Area or Section WBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	Needs Cleaned + Dusted	Rep.
2. 2	Needs Addl. Cleaning	Rep.
3. 3R	Needs 2 Bolts Spotted	Ref.
4. 3	Not Bolted	Ref.
5. 4-7	None Observed	Rep.
6. 5	Needs Cleaned + Dusted	Rep.
7. 6	Needs Cleaned	Rep.
8. 7R	Not Bolted	Ref.
9. 8	Needs Addl. Cleaning	Rep.

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	100-145 AM	0%	11.		
2.			12.		
3. 1-8	300-350 AM	0%	13.		
4.			14.		
5. 1-8	500-550 AM	0%	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. Lt Return	100 AM	0%	6.		
2. Rt Return	145 AM	0%	7.		
3.			8.		
4. Lt Return	500 AM	0%	9.		
5. Rt Return	550 AM	0%	10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Out by Air Chamber, + Intake Phone Clear at Time of Exam

Randall Jeffrey Assistant Mine

38424 Certificate No.

Reck Foster Mine Foreman-Mine Manager

28752 Certificate No.

Department of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-29 20 Section or Area Examined BANNER
Time of Examination: from 8:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. Lafferty Time 6:00 A.M. P.M.
Report received by S. Homan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH4 0% O2 20.8%	weeds cleaned & collected	Ref
2. CH4 0% O2 20.8%	add'l cleaning	Ref
3R CH4 0% O2 20.8%	needs spot bolted	Ref.
4. CH4 0% O2 20.8%	NOT Bolted	Ref.
5. CH4 0% O2 20.8%	none observe	
6. CH4 0% O2 20.8%	weeds cleaned & dust	Ref
7. CH4 0% O2 20.8%	none observe	
7R CH4 0% O2 20.8%	NOT Bolted	Ref.
8. CH4 0% O2 20.8%	weeds add'l clean	Ref
10.		

Air Measurements

Location	CFM	Location	CFM
L LOP	15960		
R LOP	18290		

Remarks: Power center and roadway clear AT time of EXAM
CH4 0% O2 20.8%

out by 5 footer clear AT time of EXAM

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

Signed By Randall Lafferty 39474 Assistant Foreman Certificate No.
Countersigned Rick Foster 28732 Mine Manager—Mine Foreman
S. Homan 39056 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-29

Shift Day

Area or Section BANNER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	needs cleaned & dusted	collected
2. 2	Needs add'l clean	
3. 3R	Needs Spot bolted	
4. 3	NOT Bolted	
5. 5	needs clean up	
6. 2R	NOT Bolted	
7. 8	needs add'l clean	
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 28
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 BANNER work area with crew at 6:00am

Signature: [Signature] Assistant Mine Manager Certificate No. 38058-08
Signature: [Signature] Mine Foreman-Mine Manager Certificate No. 28236
Signature: [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-29-09 Section or Area Examined Bellvue Section
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Harrah Time 2:55 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10 contain handwritten entries such as '1, 2, 2L 20.8 0% N/A none' and '3 20.8 0% scrap cut Reflectors'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entries include 'JOB LF 18,750' and 'RT 24,800'.

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

Travelways, walkways, haulageways, powercental & outby shelter clear at time of exam
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 Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Steve Harrah Preshift-Mine Examiner Certificate No. 3008-08
Countersigned Bruce Collins Assistant Foreman Certificate No. 1543-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 12-29-09 Shift eve Area or Section Bowen Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as '1, 2, 2L', 'N/O', 'mimed', 'scoop cut', 'mimed cut', etc.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for methane examinations at location '1-8' with times like '4:30-5:00' and '0%'. Rows 11-20 are blank.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten entries for return aircourse examinations at 'Return' location with times like '6:30' and '0%'. Rows 6-10 are blank.

Number of Bolts Tested 28 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) Read page 4 part 2 of R.C.P. with crew at end of Tk at start of shift

Assistant Mine Bowen Collins 15413-R Certificate No. Mine Foreman-Mine Manager Rick Zuta 28734 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-27-09 20 Section or Area Examined Drive
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Hammer Time 11:00 A.M. P.M.
Report received by [Signature] 1539A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 8 rows of handwritten entries such as '1-2 Ob CAY 208 No ne Observed' and '3R Ob CAY 208 Scrap of'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: LT 11,060 and RT 20,216.

Remarks: Ob CAY Ob CO 208702
PC Charges, Intake hose, Recharges OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1543-A Assistant Foreman Certificate No.
Countersigned [Signature] 2873L 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 12-30-09 Shift 3rd Area or Section UDB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2, 3, 3R</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
3. <u>4</u>	<u>Scrap Cut</u>	<u>Ref.</u>
4. <u>5, 6</u>	<u>None Observed</u>	<u>Rep.</u>
5. <u>7, 8</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>100-140am</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>300-343am</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>500-545am</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>100am</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>140am</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>500am</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>545am</u>	<u>0%</u>	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear at Time of Exam

Randall Jeffery Assistant Mine 38424 Certificate No. Rush Foster Mine Foreman-Mine Manager 28730 Certificate No. _____ Superintendent or Assistant

Use Indelible
Penell or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-30 20. Section or Area Examined BANNER
 Time of Examination: from 6:00 a.m. or p.m. to 6:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:52 A.M. P.M.
 Report received by B. Howell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	CH ₄ 0% O ₂ 20.8% none observe	
2, 3 & 302	CH ₄ 0% O ₂ 20.8% needs cleaned & dusted	Rep
4	CH ₄ 0% O ₂ 20.8% SCRAP	Rep.
4	50% CH ₄ 0% O ₂ 20.8% none observe	
5	718 CH ₄ 0% O ₂ 20.8% needs cleaned & dusted	Rep
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L 602</u>	<u>16891</u>		
<u>R 602</u>	<u>17157</u>		

Remarks: Powercenter and Roadways clear at time of exam
CH₄ 0% O₂ 20.8%

Outby shelter clear at time of exam

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

Signed By Randall Lafferty Certificate No. 38424
 Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 28736
B. Howell Assistant Foreman
[Signature] Superintendent or Assistant Certificate No. 54058-8

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-30 Shift Day Area or Section Panel

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>21303R</u>	<u>needs cleaned dust</u>	<u>Correct</u>
3. <u>4</u>	<u>SCRAP</u>	<u> </u>
4. <u>788</u>	<u>needs cleaned dust</u>	<u> </u>
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Number of Bolts Tested 126 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 court to buy

[Signature] Assistant Mine 39008-0 Certificate No. Rick Zinta Mine Foreman-Mine Manager 2979 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30-09 Section or Area Examined Basin Section
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Hancock Time 258 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10 with handwritten entries like '20.8 0% N/A', 'Scrap cut', 'Paint balled', 'NO', 'N/A', 'not balled'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entries: JOB, LT, 18,230; RT, 19,475.

Remarks: 20.8% O2 0% CH4 Oppm Co at time of exam
Tunnelways, walkways, haulways, powerlines and cutting shelter clear at time of exam
Intake Phone OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift Mine Examiner Certificate No. 3905-B
Assistant Foreman Bruce Collins Certificate No. 1543-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2873

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-30-09 Shift eve Area or Section Banner Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>Scrap cut</u>	<u>mined out</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. <u>4R</u>	<u>Panel bolted</u>	<u>bolted to face</u>
5. <u>5, 6, 7</u>	<u>N/A</u>	<u>none</u>
6. <u>8</u>	<u>not bolted</u>	<u>bolted to face</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>8:30-9:00</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-8</u>	<u>10:00-10:50</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 L</u>	<u>6:30</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>7:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:14</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>10:38</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 38 & 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)

Final page 9 part 3 of RCP with chew at start of shift end of shift

Brown Collins
Assistant Mine

1543-A
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

2873L
Certificate No.

3
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 12-30 209 Section or Area Examined Barrin
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Collins Time A.M. 10:53 P.M.
 Report received by T. Peterson 20611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entry's O ₂ CH ₄	none observed	
2.	2L O ₂ CH ₄	SCRAP	Reflector
3.	3 O ₂ CH ₄	none observed	
4.	4 O ₂ CH ₄	part bolted	Reflector
5.	5 O ₂ CH ₄	need clean ducts	Rep.
6.	6 O ₂ CH ₄	none observed	
7.	7 O ₂ CH ₄	need clean ducts	Rep.
8.	8 O ₂ CH ₄	SCRAP	Reflector
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	18,740		
RT.	19,208		

Remarks: O₂ CH₄ Deck. O₂ 20.80% CO 0%
Power center clean
Haulage / Transways clean
Fresh Air Bay & phone clean

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

Signed By B. Collins 1543-11 Assistant Foreman Certificate No. _____
 Countersigned Rich Foster 2873 Mine Manager - Mine Foreman
Ray Peterson 20611 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 12-31-09

Shift 3rd

Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	None Observed	Rep.
2.	2L	Scrap Cut	Ref.
3.	3	None Observed	Rep.
4.	4	Needs Addl Cleaning	Rep.
5.	5R	Not Bolted	Ref.
6.	6, 7, 8	None Observed	Rep.
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	100-140 AM	0%	11.			
2.				12.			
3.	1-8	300-342 AM	0%	13.			
4.				14.			
5.	1-8	430-515 AM	0%	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.	Lt Return	100 AM	0%	6.			
2.	Rt Return	140 AM	0%	7.			
3.				8.			
4.	Lt Return	430 AM	0%	9.			
5.	Rt Return	515 AM	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear at Time of Exam

Randall Luffert 38424 Assistant Mine Certificate No. Rick Post 28236 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 12-31 20. Section or Area Examined PARTICULAR
 Time of Examination: from 4:30 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:30 A.M. P.M.
 Report received by S. Homan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH₄ 0% O₂ 20.8%</u>	<u>none observe</u>	
2. <u>2L CH₄ 0% O₂ 20.8%</u>	<u>SCRAP</u>	<u>REF</u>
3. <u>CH₄ 0% O₂ 20.8%</u>	<u>none observe</u>	
4. <u>CH₄ 0% O₂ 20.8%</u>	<u>needs add'l clearing</u>	<u>REF</u>
5. <u>CH₄ 0% O₂ 20.8%</u>	<u>NOT BOLTED</u>	<u>REF</u>
6. <u>Ca, 705 CH₄ 0% O₂ 20.8%</u>	<u>none observe</u>	
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L LAB</u>	<u>17157</u>		
<u>R LAB</u>	<u>17255</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear at time of exam.
CH₄ 0% O₂ 20.8%

Outby Hooter clear at time of exam

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

Signed By Randall Lafferty 35424 Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned Rush Homan 28736 Certificate No. _____
 _____ 3907808
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-2-31 Shift Day Area or Section #12 Barrack

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2L</u>	<u>SCRAP</u>	<u>correct</u>
3. <u>4</u>	<u>weeds add'l crew</u>	
4. <u>OR</u>	<u>not bolted</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>6:30-7:00</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-8</u>	<u>8:30-9:00</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-8</u>	<u>10:30-11:00</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-8</u>	<u>12:30-1:00</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>Cheta</u>	<u>6:25</u>	<u>0</u>	6.		
2. <u>R Retn</u>	<u>7:05</u>	<u>0</u>	7.		
3.			8.		
4. <u>Cheta</u>	<u>10:25</u>	<u>0</u>	9.		
5. <u>R Retn</u>	<u>11:05</u>	<u>0</u>	10.		

Number of Bolts Tested 30
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 Pa, Pa of Red control with crew at 6:30pm

[Signature] Assistant Mine Foreman
[Signature] Mine Foreman-Mine Manager
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-31-09 Section or Area Examined Banner Section
Time of Examination: from 1230 a.m. or pm to 130 a.m. or pm
Was this report phoned to outside: Yes no
By whom Steve Harrah Time 145 AM
Report received by Brian Collins
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>20.8</u>	<u>0%</u>	<u>n/a</u>	<u>none</u>
2.	<u>20.8</u>	<u>0%</u>	<u>scrap cut</u>	<u>Reflectors</u>
3.	<u>3R</u>	<u>20.8</u>	<u>Part Bolted</u>	<u>Reflectors</u>
4.	<u>4+5</u>	<u>20.8</u>	<u>n/a</u>	<u>none</u>
5.	<u>6</u>	<u>20.8</u>	<u>Add cleaning</u>	<u>Reported</u>
6.	<u>7</u>	<u>20.8</u>	<u>n/a</u>	<u>none</u>
7.	<u>8</u>	<u>20.8</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>20B</u>	<u>Lt</u>		
	<u>Rt</u>		
	<u>18,645</u>		
	<u>20,930</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm^{CO} at time of exam
travelways, walkways, haulways, powercenter and
outlet shelter clear at time of exam
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 Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Preshift-Mine Examiner Certificate No. 3908-08
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 23236
Assistant Foreman Certificate No. 1543-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 12-31-09 Shift eve Area or Section Banner Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	N/A	none
2. 2	Scrap cut	mined cut
3. 3R	Part Bolted	loosened to face
4. 4SS	N/A	none
5. 6	Add cleaning	cleaned to face
6. 7	N/A	none
7. 8	SCRAP cut	mined cut
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	230-300	0%	11.		
2.			12.		
3. 1-8	430-500	0%	13.		
4.			14.		
5. 1-8	630-700	0%	15.		
6.			16.		
7. 1-8	830-900	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return L	430	0%	6.		
2. R	500	0%	7.		
3. L	830	0%	8.		
4. R	905	0%	9.		
5.			10.		

Number of Bolts Tested 46
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Rest page 4 per 4 of RCR with
audit at end of shift at start of shift

Bruce Collins Assistant Mine 1843-A Certificate No. Banner Section Mine Foreman, Mine Manager 12-31-09 Certificate No. 12-31-09 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-31-09 20. Section or Area Examined Benedict Section
Time of Examination: from 8:30 a.m. or PM to 9:00 a.m. or PM
Was this report phoned to outside: Yes no no Y
By whom Brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.	20.8	0% N/A	none
2.	20.8	0% N/A	none
3.	20.8	SCRAP cut	Reflections
4.	20.8	0% N/A	none
5.	20.8	0% N/A	none
6.	20.8	0% CD	Reported
7.	20.8	0% SCRAP cut	Reflections
8.	20.8	0% N/A	none
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOA	LF 18412		
	RF 19,960		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO₂ at line of exam

Travelways, walkways, haulage ways, paved areas & other details clear at TOE

Intake Air ok at TOE

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

Signed By Brian Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned Mine Manager—Mine Foreman Assistant Foreman

Joe David 39199 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

	<i>Location</i>	<i>Violations and other Hazardous Conditions Observed and Reported</i>	<i>Violation or Hazardous Condition</i>	<i>Action taken</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

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

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 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. _____	_____	_____

Air Measurements

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

Remarks: _____

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

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

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-1 2010 Section or Area Examined Barrier 4 Section
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____ Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>NO Preshift, NO Power</u>	<u>NO Power</u>	<u>Dangered off at Mouth of Section</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: _____

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

Signed By Jay J. Stewart Preshift-Mine Examiner Certificate No. 39199
 Countersigned Fuz W. Moore Mine Manager Mine Foreman Certificate No. 35559
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-1-10 2010 Section or Area Examined Barrier 4 sec
Time of Examination: from 8:30 a.m. or 9 a.m. to 11:30 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: No Power No Work, No Preshift, Dangered of AF At Mouth.

Air Measurements

Location CFM Location CFM

Table for Air Measurements with columns for Location and CFM, containing multiple rows of dashed lines for data entry.

Remarks: [Dashed lines for handwritten notes]

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1947-A
Countersigned [Signature] Mine Manager--Mine Foreman Certificate No. 33359
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2-10 2010

Section or Area Examined Barrier 4 Sec

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

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. No Power, No work	No Preshift	Dangered off at mouth
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By [Signature] Certificate No. 1947A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33357
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2 20 10 Section or Area Examined Banner 4 Section
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No Power, No Preshift</u>	<u>No Power</u>	<u>Dangered off at Mouth of Section</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: _____

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

Signed By Jacy Stewart 39199 _____
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Fred Moore 33389 _____
Mine Manager—Mine Foreman Assistant Foreman

Dec 26 1947A

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-2-60 Section or Area Examined Balkier # Section
 Time of Examination: from 8:30 a.m. or 4:30 p.m. to 11:30 a.m. or 9:30 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No Power</u>	<u>No Preshift</u>	<u>Dangered off</u>
2. <u>No work</u>		<u>At mouth</u>
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

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

Remarks: _____

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1417-A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 33337
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Barrier #4 section

Date of Examination 1-3-10 2010 Section or Area Examined

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

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: No Power, No work; No Preshift; DANGERED OFF.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM.

Remarks:

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1947-A Assistant Foreman Certificate No. 33389

Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman

Locust 39199

Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-3 2010 Section or Area Examined Barrier 4 Section
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____ Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No Power, No Preshift</u>	<u>No Power</u>	<u>Dangered off at Mouth of Section</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: _____

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

Signed By Jay Stewart Certificate No. 39199 Assistant Foreman
 Countersigned Fred W. Moore Certificate No. 33309 Mine Manager—Mine Foreman
Roy Peterson Assistant Foreman Certificate No. 29611 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-4-10

Shift 3rd

Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	Needs Cleaned + Dusted	Rep
2. 2	Needs Addl. Cleaning	Rep
3. 3,4,5	None Observed	Rep.
4. 6	Needs Addl. Cleaning	Rep.
5. 7	None Observed	Rep.
6. 7R	Needs Dusted	Rep.
7. 8	None Observed	Rep.
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	100-140 AM	0%	11.		
2.			12.		
3. 1-8	300-342 AM	0%	13.		
4.			14.		
5. 1-8	500-545 AM	0%	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. Lt Return	100 AM	0%	6.		
2. Rt Return	140 AM	0%	7.		
3.			8.		
4. Lt Return	500 AM	0%	9.		
5. Rt Return	545 AM	0%	10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Travelways, Walkways, Outby
Air Chamber + Intake Above Clear at Time of Exam

Russell Jeffery
Assistant Mine

38424
Certificate No.

Reshata
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-3 2009 Section or Area Examined 4 section
 Time of Examination: from 9:00 a.m. or P.M. to 9:40 a.m. or P.M.
 Was this report phoned to outside? Yes no
 By whom T. J. Peterson Time A.M. P.M.
 Report received by Shelton (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2</u>	<u>None observed</u>	<u>Reported</u>
2. <u>3</u>	<u>Needs cleaned</u>	<u>Reported</u>
3. <u>4-5-6</u>	<u>None observed</u>	<u>Reported</u>
4. <u>7 7R</u>	<u>Needs cleaned dusted</u>	<u>Reported</u>
5. <u>8</u>	<u>None observed</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>Leftside air</u>	<u>19260</u>	<u> </u>	<u> </u>
<u>Right side air</u>	<u>19232</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 0.4% CH4 0.4% O2 20.8% O2
travel ways powercenter rescue chamber ok at time of exam

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

Signed By T. J. Peterson Certificate No. 29611 Assistant Foreman Shelton Certificate No. 1946A
 Countersigned Rick Peter Mine Manager—Mine Foreman Certificate No. 29782
 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 1-4-10 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of handwritten entries.

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) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear AT Time of Exam

Handwritten signatures and names: Randall Lafferty (Assistant Mine), 38924 (Certificate No.), Red Peter (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: 1-4 20 Section or Area Examined Barrier
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:58 A.M. P.M.
 Report received by R. Lafferty (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH ₄ 0% O ₂ 20.8%	needs cleaned up	Rep
2. CH ₄ 0% O ₂ 20.8%	Add'l cleanup	Rep
3, 4, 5 CH ₄ 0% O ₂ 20.8%	none observe	
6. CH ₄ 0% O ₂ 20.8%	needs Add'l cleanup	Rep
7. CH ₄ 0% O ₂ 20.8%	none observe	
6. 7R CH ₄ 0% O ₂ 20.8%	needs dusted	Rep
7. 8 CH ₄ 0% O ₂ 20.8%	none observe	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L</u>	<u>19000</u>		
<u>R</u>	<u>17822</u>		

Remarks: Power center and roadways clear at time of exam
CH₄ 0% O₂ 20.8%

Outby shelter clear at time of exam.

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

Signed By Randall Lafferty Certificate No. 38424
 Countersigned Beck Foster Mine Manager—Mine Foreman Certificate No. 2972
R. J. Koval Assistant Foreman Certificate No. 39058 08
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-8 Shift Day Area or Section Barner

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1	needs cleaned & dug out	corrected
2	needs add 1 clean up debris	
3	needs dug out	
4		
5		
6		
7		
8		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-8	7:00-7:30	Ø	11.		
Ø			12.		
1-8	9:00-9:30	Ø	13.		
			14.		
1-8	11:00-11:30	Ø	15.		
			16.		
1-8	1:00-1:30	Ø	17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
L Return	6:55	Ø	6.		
R Return	7:35	Ø	7.		
			8.		
L Return	10:55	Ø	9.		
R Return	11:35	Ø	10.		

Number of Bolts Tested 30 Below Range Ø

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 P 9 10 - Roof Control

Plan with crew at 6:00 AM
Assistant Mine Harval Certificate No. 39058-08 Mine Foreman-Mine Manager Rick Jeter Certificate No. 25728 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pen or Ink

Date of Examination 1-4-2000 Section or Area Examined Barrier Section
 Time of Examination: from 1 a.m. or 9 p.m. to 2 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Hirsch Time A.M. 2:55 P.M.
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O ₂	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
2.	<u>2L</u>	<u>20.8</u>	<u>0%</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
3.	<u>3</u>	<u>20.8</u>	<u>0%</u>	<u>Part Bolted</u>	<u>Reflectors</u>
4.	<u>4+5</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
5.	<u>6</u>	<u>20.8</u>	<u>0%</u>	<u>Part Bolted</u>	<u>Reflectors</u>
6.	<u>7</u>	<u>20.8</u>	<u>0%</u>	<u>Scrap cut</u>	<u>Reflectors</u>
7.	<u>8</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>20B</u>	<u>Lt 19,680</u>		
	<u>Rt 17,465</u>		

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

Travelways, walkways, haulageways, powerlines and outby shelter clear at time of exam

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 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. 3058-08
 Preshift-Mine Examiner
 Assistant Foreman
 Countersigned [Signature] Certificate No. 1543-A
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-4-10 Shift eve Area or Section Ballistik Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/O</u>	<u>none</u>
2. <u>2L</u>	<u>Scrap cut</u>	<u>mined cut</u>
3. <u>3</u>	<u>Part healted</u>	<u>healted to face</u>
4. <u>4 & 5</u>	<u>N/O</u>	<u>none</u>
5. <u>6</u>	<u>Part healted</u>	<u>healted to face</u>
6. <u>7</u>	<u>Scrap cut</u>	<u>mined cut</u>
7. <u>8</u>	<u>N/O</u>	<u>none</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>430-508</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-8</u>	<u>1060-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>R 700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>L 1011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>R 1040</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 28 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) Read page 4 part 1 of RCP with

over at start of shift at end of TK

Bruce Collins

1543-A

Rich Foster

2872

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-4 Section or Area Examined Banner
 Time of Examination: from 10:00 a.m. or 10:50 p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Collins Time 11:00 A.M. P.M.
 Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2	NOCH4 20.802 none observed	none
2. 3+3 RT.	0% 20.802 need clean & dusted	Rep.
3. 4	0% 20.802 SCRAP CUT	Reflector
4. 5 RT.	0% 20.802 need cleaned & dusted	Rep.
5. 6 RT.	0% 20.802 part bolted	Reflector
6. 7-8	0% 20.802 none observed	none
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT.	19,700		
RT.	18,106		

Remarks: NOCH4 lect. 0% 20.802 CO2
Power Center clear
Tranche Haulage ways clear
Fresh Air Bay & intake phone clear

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

Signed By Bruce Collins Preshift-Mine Examiner Certificate No. 1543-A
 Countersigned Pick Foster Mine Manager - Mine Foreman Certificate No. 28732
T. Peterson Assistant Foreman Certificate No. 29611
 Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-5-10 Shift 3rd Area or Section UDB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3, 3R</u>	<u>None Observed</u>	<u>Rep</u>
2. <u>4</u>	<u>Needs Cleaned</u>	<u>Rep</u>
3. <u>5, 6</u>	<u>None Observed</u>	<u>Rep</u>
4. <u>7</u>	<u>Needs Addl Cleaning</u>	<u>Rep</u>
5. <u>8</u>	<u>Not Bolted</u>	<u>Rep</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>100-143 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>300-344 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>500-545 AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>100 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>143 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>500 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>545 AM</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Trackways, Walkways, Out by

Air Chamber, & Intake Phone Clear at Time of Exam

Randall Lafferty 38424 Assistant Mine Certificate No. Rush 22731 Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-5 20 Section or Area Examined BARRIER
Time of Examination: from 5:00 a.m. or p.m. to 5:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. Rafferty Time 5:55 A.M. P.M.
Report received by S. Hualat (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2 CH4 0% O2 20.8%</u>	<u>none observe</u>	
2. <u>3, 3R CH4 0% O2 20.8%</u>	<u>none observe</u>	
3. <u>4 CH4 0% O2 20.8%</u>	<u>needs cleaned dusts</u>	<u>Ref</u>
4. <u>5, 6 CH4 0% O2 20.8%</u>	<u>none observe</u>	
5. <u>7 CH4 0% O2 20.8%</u>	<u>needs add'l clean dusts</u>	<u>Ref</u>
6. <u>8 CH4 0% O2 20.8%</u>	<u>not bolted</u>	<u>Ref.</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>19665</u>		
<u>RLOB</u>	<u>18620</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear AT time of exam
CH4 0% O2 20.8%

Out by 5 Helder clear AT time of Exam.

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

Signed By Randall Rafferty Certificate No. 38424
Countersigned Rick Hualat Mine Manager—Mine Foreman Certificate No. 28734
S. Hualat Assistant Foreman
[Signature] Superintendent or Assistant Certificate No. 39085-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-5

Shift Day

Area or Section Banner

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	needs clean	corrected
4.	needs add 1/4 cleaned bolts	
5.	NOT Bolted	
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Retu	6:55	0	6.		
2. R Retu	7:35	0	7.		
3.			8.		
4. L Retu	10:55	0	9.		
5. R Retu	11:35	0	10.		

Number of Bolts Tested 32
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 EXHAUST WORK AREA with crew AT 6:50 AM.

Assistant Mine Foreman: Rick Foster, Certificate No. 28732
Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-5-70 Section or Area Examined Brown's Section
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Hawk Time 3 A.M. PM
Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O ₂	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>20.8</u>	<u>0%</u>	<u>Part battled</u>	<u>Reflectors</u>
2.	<u>2</u>	<u>20.8</u>	<u>0%</u>	<u>berap cut</u>	<u>Reflectors</u>
3.	<u>3+4</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
4.	<u>5</u>	<u>20.8</u>	<u>0%</u>	<u>berap cut</u>	<u>Reflectors</u>
5.	<u>6</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
6.	<u>7R</u>	<u>20.8</u>	<u>0%</u>	<u>Part battled</u>	<u>Reflectors</u>
7.	<u>8</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 19,670</u>		
	<u>Rt 18,230</u>		

Remarks: 20.8% O₂ 0% CH₄ Opp Co at time of exam

Tunnels, walkways, haulage ways, power center and
outby shelter clear at time of exam

Intake Phone ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 28736 Assistant Foreman Bruce Collins Certificate No. 1543-A
Countersigned [Signature] Mine Manager—Mine Foreman
Assistant Foreman [Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-5-10 Shift eve Area or Section Barwise Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Number of Bolts Tested 22 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) Hand page 4 part 2 of R.C.P. with check at end of Th. at start of shift. Signed by Duane Collins (Assistant Mine) and Paul Zeta (Mine Foreman-Mine Manager).

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-5 2010 Section or Area Examined Tram
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Collins Time A.M. P.M.
 Report received by T. Peterson 29611
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry's O2OCH4	none observed	
2. 2 O2OCH4	need add. clean + dusting	Rep.
3. 3 LT O2OCH4	Part Bolted	Reflector
4. 4-5 O2OCH4	none observed	
5. 6 O2OCH4	part bolted	Reflector
6. 7 O2OCH4	none observed	
7. 8 O2OCH4	need clean + dusting	Rep.
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
LT.	19,600		
RT.	18,107		
<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: O2OCH4 det. O2 20.5 & CO2
Harage & Trambways clean
Power Center clean
Fresh air Bay & intake phone clean

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

Signed By Bruce Collins 1543-17 Assistant Foreman Certificate No.
Preshift-Mine Examiner
 Countersigned Rick Foster 2377 Mine Manager - Mine Foreman
T. Peterson 29611 Assistant Foreman Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-10 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>Part Bolted</u>	<u>Ref</u>
2.	<u>2</u>	<u>Needs Spot Bolted (Rib Roll)</u>	<u>Ref</u>
3.	<u>3, 4</u>	<u>None Observed</u>	<u>Rep.</u>
4.	<u>5R, 6</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
5.	<u>7</u>	<u>None Observed</u>	<u>Rep.</u>
6.	<u>7R, 8</u>	<u>Needs Cleaned</u>	<u>Rep</u>
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>100-141AM</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>300-335AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-8</u>	<u>500-545AM</u>	<u>0%</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Lt Return</u>	<u>100AM</u>	<u>0%</u>	6.			
2.	<u>Rt Return</u>	<u>141AM</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>Lt Return</u>	<u>500AM</u>	<u>0%</u>	9.			
5.	<u>Rt Return</u>	<u>545AM</u>	<u>0%</u>	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear at Time of Exam

Randall Jaffarz Assistant Mine Foreman Certificate No. 38424
Rick Betts Mine Foreman-Mine Manager Certificate No. 28736
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible
Pencil or Ink

Date of Examination 1-6 20. Section or Area Examined BARREL
 Time of Examination: from 6:00 a.m. or p.m. to 5:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Caffery Time 5:55 A.M. P.M.
 Report received by Honal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH ₄ 0% O ₂ 20.8%	7 FT Bolted	Ref.
2. CH ₄ 0% O ₂ 20.8%	SPOT Bolted	Ref.
3, 4. CH ₄ 0% O ₂ 20.8%	none observed	
4. SR 46 CH ₄ 0% O ₂ 20.8%	needs cleaned & dusted	Ref
5. 7 CH ₄ 0% O ₂ 20.8%	none observed	
6. SR 48 CH ₄ 0% O ₂ 20.8%	needs cleaned	Ref
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L Lot	17784		
R Lot	16758		

Remarks: Powercenter & roadways clear at time of exam
CH₄ 0% O₂ 20.8%

Outby shelter clear at time of exam

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

Signed By Randall Jafferty 38424 Assistant Foreman Certificate No.
 Countersigned Rush Bala 2913 Mine Manager—Mine Foreman
Honal 32008-08 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 1-6 Shift Day Area or Section Barren

(Violations and other Hazardous Conditions Observed and Reported)

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Part bolted</u>	<u>Corrected</u>
2. <u>2</u>	<u>needs</u>	
3. <u>DR6</u>	<u>needs crown adjust</u>	
4. <u>TR</u>	<u>needs crew</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Number of Bolts Tested 30
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 5 Para 18-22

[Signature] Assistant Mine 3805808 Certificate No. [Signature] Mine Foreman-Mine Manager 2872 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 1-6-10 Section or Area Examined: Barnick Section
 Time of Examination: from 1 a.m. or 0 p.m. to 2 a.m. or 0 p.m.
 Was this report phoned to outside: Yes No Time: 3 A.M. 0 P.M.
 By whom: Steve Harcoak
 Report received by: Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	1+2	0% CH ₄	N/A	none
2.	3	20.8 0%	scrap cut	Reflected
3.	4	20.8 0%	mat batted	Reflected
4.	5+6	20.8 0%	n/a	none
5.	7	20.8 0%	Post Batted	Reflected
6.	8	20.8 0%	N/A	none
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT 17,750</u>		
	<u>RT 19,120</u>		

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

Trunkways, walkways, haulageways, power centers and outfit shelter clear at time of exam

Intake Phase OK at time of exam

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

Signed By: [Signature] Certificate No. 3905808
 Assistant Foreman: Bruce Collins Certificate No. 1543-A
 Countersigned: [Signature] Mine Manager—Mine Foreman
 Assistant Foreman: [Signature]
 Superintendent or Assistant: [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-10 Shift we Area or Section Barrick Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>102</u>	<u>N/A</u>	<u>none</u>
2. <u>3</u>	<u>scrup cut</u>	<u>mined cut</u>
3. <u>4</u>	<u>not bolted</u>	<u>bolted to face</u>
4. <u>526</u>	<u>N/A</u>	<u>none</u>
5. <u>7</u>	<u>Paint bolted</u>	<u>bolted to face</u>
6. <u>8</u>	<u>N/A</u>	<u>none</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>8:30-9:00</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-8</u>	<u>10:00-10:50</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>Returns</u> <u>L</u>	<u>6:30</u>	<u>0%</u>	6. _____	_____	_____
2. _____ <u>R</u>	<u>7:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____ <u>L</u>	<u>10:12</u>	<u>0%</u>	8. _____	_____	_____
4. _____ <u>R</u>	<u>10:59</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 24
 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)

End page 4 part 3 of RCR will come at start of shift at end of TK

Bruce Collins
Assistant Mine

1543-A
Certificate No.

Paul Peter
Mine Foreman Mine Manager

0873
Certificate No.

Superintendent or Assistant