

Portal Section PRESHIFT - ONSHIFT and DAILY REPORT

Started 1-20-10
Full 2-6-10

Company Performance Coal URB

Mine URB

SECTION 3 Portal Section.

LOCATION Name, Raleigh, WV.
Post Office County State

Started 1-20-10

Finished 2-6-10

Form 6-1489
(March 1970)

Budget Bureau No. 4-11-9

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 1-26-10 Shift Ev Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Not Bolted</u>	<u>Corrected</u>
2. <u>2</u>	<u>Water in face.</u>	<u>Reported</u>
3. <u>3</u>	<u>Water in face</u>	<u>Reported</u>
4. <u>6</u>	<u>Needs cleaned & dusted.</u>	<u>corrected</u>
5. <u>7</u>	<u>Scrap cut</u>	<u>Corrected</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Wait our page 14 of Roof control Plan with entire crew at end of Truck

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Partial Sec #3

Date of Examination 1-20 2010 Section or Area Examined
Time of Examination: from 9:50 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom S. Peterson Time 10:58 P.M.
Report received by T. Peterson 2961 (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, 2, 3, 4-5-6-7 and violations like 'wood odd. cleaning', 'water', 'SCRAP (water)', 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LT.' (23,200) and 'RT.' (21,750).

Remarks: Rocky deck. OK 20.50 CO2
Power Center Clear
Haulage Trunkways clear at exam.
Fresh Air Bay slubake 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 [Signature] Certificate No. 1664-A
Countersigned [Signature] Mine Foreman Certificate No. 2572
Assistant Foreman [Signature]
Superintendent or Assistant [Signature] 2464

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-21-10 Shift 3rd Area or Section Portal #3 Sec

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 07° CH ₄ 20.87° O ₂	needs add. cleaning	reported
2.	2 07° 20.87° O ₂	water	reported
3.	3 07° 20.87° O ₂	scrap (water)	reflected
4.	4,5,6,7 07° 20.87° O ₂	none observed	reported
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:00-1:29	0.07°	11.		
2.			12.		
3. 1-7	3:00-3:24	0.07°	13.		
4.			14.		
5. 1-7	5:00-5:28	0.07°	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. L Return	1:00	07°	6.		
2. R Return	1:29	07°	7.		
3.			8.		
4. L Return	5:00	07°	9.		
5. R Return	5:28	07°	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) 07° CH₄ 20.87° O₂ 0.067° Power center clear. Haulage ways, travel ways clear at exam. Fresh air bay Intake phone clear.

Adam F. Ashley
Assistant Mine

38822-03
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

2874
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-21 20 10 Section or Area Examined 3 Section
Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Adam Fraloy Time 600 A.M P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: CH Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including locations like 1, 2, 3, 3R, 4, 5, 6, 7 and actions like 'Needs Add. Cleaning', 'Water', 'P/B - Water', 'N/O', 'Reflected'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of data: Lt LOB 23,240 and Rt LOB 21,440.

Remarks: PC, travelways, intake phase, chargers, outby chamber - OK at time of exam

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

Signed By Adam Fraloy 3822-08 Certificate No. Bobby Baker Assistant Foreman 38199 Certificate No.
Countersigned Rick Taylor Mine Manager - Mine Foreman 23794
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 1-21-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows 1-4 contain data: 1. CH4 0%, O2 20.8%, Needs Add. Cleaning, Corrected; 2. CH4 0%, O2 20.8%, Water, Reported; 3. CH4 0%, O2 20.8%, P/B - Water, Bolted; 4. CH4 0%, O2 20.8%, N/B, Bolted.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4 contain data: 1. 1-7, 700-730, 0% P; 2. 1-7, 900-930, 0%; 3. 1-7, 1100-1130, 0%; 4. 1-7, 100-130, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain data: 1. Lt Return, 655, 0%; 2. Rt Return, 735, 0%; 4. Lt Return, 1055, 0%; 5. Rt Return, 1135, 0%.

Number of Bolts Tested 13 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 of R.C.P. to entire crew at start of shift

Assistant Mine Foreman-Mine Manager Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-21 2010 Section or Area Examined Portal Section
Time of Examination: from 11:00 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BOBBY Baker Time A.M. 7:00 P.M.
Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Scrap cut	Reflector Hung
2.	2 Entry	0%	20.8	Water in face	Reported
3.	3 Entry	0%	20.8	Water in face	Reported
4.	4 Entry	0%	20.8	Needs cleaned & dusted	Reported
5.	5 Entry	0%	20.8	None Observed	Reflector Hung
6.	6R Xcut	0%	20.8	Part Bolted	Reflector Hung
7.	7 Entry	0%	20.8	Needs cleaned & dusted	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	25460		
R LOB	23872		

Remarks: Powercenter Travelways Changers intalso phos & outby chamber ok at time of exam
CH4 0% O2 20.8 COO

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 Bobby Baker Preshift Mine Examiner Certificate No. 38699
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21-10 Shift Ev Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>2</u>	<u>Water in face.</u>	<u>Reported</u>
3. <u>3</u>	<u>Water in face.</u>	<u>Reported</u>
4. <u>4</u>	<u>Needs cleaned & dusted,</u>	<u>Corrected</u>
5. <u>GR</u>	<u>Part Bolted</u>	<u>Corrected</u>
6. <u>2</u>	<u>Needs cleaned & dusted.</u>	<u>Corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof Control Plan with entire crew at end of Trmle.

[Signature] Assistant Mine 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 28236 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-21 2010 Section or Area Examined Portal #3
 Time of Examination: from 9:50 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom S. Perdue Time --- A.M. --- P.M.
 Report received by T. Peterson (Signed) 29611

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-3 entries</u>	<u>water</u>	<u>Rep.</u>
2. <u>4</u>	<u>need add. cleaning</u>	<u>Rep.</u>
3. <u>4L</u>	<u>need clean & dusted</u>	<u>Rep.</u>
4. <u>5</u>	<u>SCRAP</u>	<u>Reflector</u>
5. <u>6</u>	<u>need clean & dusted</u>	<u>Rep.</u>
6. <u>7</u>	<u>need add. cleaning</u>	<u>Rep.</u>
7. <u>---</u>	<u>---</u>	<u>---</u>
8. <u>---</u>	<u>---</u>	<u>---</u>
9. <u>---</u>	<u>---</u>	<u>---</u>
10. <u>---</u>	<u>---</u>	<u>---</u>

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>26,400</u>		
<u>RT</u>	<u>23,020</u>		

Remarks:

Moist. det. 0.2 20.80 CO 0.2
Haulages & trackways clear at exam
Power Center 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 [Signature] 10664-A Assistant Foreman Certificate No. ---
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 29732
[Signature] Assistant Foreman Certificate No. 29611
 Superintendent or Assistant ---

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-22-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3 entries</u>	<u>0.7% CH₄</u>	<u>water</u>
2. <u>4</u>	<u>0.7%</u>	<u>needs add cleaning</u>
3. <u>4L</u>	<u>0.7%</u>	<u>needs cleaned & dusted</u>
4. <u>5</u>	<u>0.7%</u>	<u>scrap cut</u>
5. <u>6</u>	<u>0.7%</u>	<u>needs cleaned & dusted</u>
6. <u>7</u>	<u>0.7%</u>	<u>needs add cleaning</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>1:00-1:24</u>	<u>0.07%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>3:00-3:24</u>	<u>0.07%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>5:00-5:28</u>	<u>0.07%</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>L Return</u>	<u>1:00</u>	<u>0.7%</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>1:29</u>	<u>0.7%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>5:00</u>	<u>0.7%</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>5:29</u>	<u>0.7%</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) 0.7% CH₄, 20.87% O₂, 0.7% CO. Haulage ways and travelways clear at time of exam. Power center clear Fresh air bay-Intake phone clear

Adam Emley Assistant Mine 38822-08 Certificate No. Paul F. [Signature] Mine Foreman-Mine Manager 28230 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-22 2010 Section or Area Examined 3 Section
 Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.
 Was this report phoned to outside Yes No
 By whom Adam Finley Time 600 A.M. P.M.
 Report received by Bobby Debar (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 O ₉	20.8%	Water	Reported
2.	2 O ₉	20.8	Water	Reported
3.	3 O ₉	20.8	Water	Reported
4.	4L O ₉	20.8	N/B	Reflectors
5.	4 O ₉	20.8	Needs Add. Cleaning	Reported
6.	4R O ₉	20.8	Needs Add. Cleaning	Reported
7.	5 O ₉	20.8	N/O	Reported
8.	5R O ₉	20.8	Needs Add. Cleaning	Reported
9.	6 O ₉	20.8	Needs Add. Cleaning	Reported
10.	7 O ₉	20.8	Needs Add. Cleaning	Reported

Air Measurements

Location	CFM	Location	CFM
LT LOB	25,920		
RT LOB	22,860		

Remarks: PC, travelways, chargers, intake phone, onby chambers — 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 Adam Finley Preshift Mine Examiner Certificate No. 38822-08
 Countersigned Bobby Debar Mine Manager—Mine Foreman Certificate No. 28236
Bobby Debar Assistant Foreman Certificate No. 38699
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 5 columns: No., Location, O2, Violation or Hazardous Condition, Action taken. Contains 7 rows of data regarding O2 levels and cleaning needs.

Examinations for Methane in Working Places

Table with 6 columns: No., Location, Time, Methane Content, No., Location, Time, Methane Content. Contains 10 rows of data for methane examinations.

Examinations for Methane in Return Aircourses

Table with 6 columns: No., Location, Time, Methane Content, No., Location, Time, Methane Content. Contains 5 rows of data for methane examinations in return aircourses.

Number of Bolts Tested 13 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) Need page 5 of R.C.P. to release crew at start of shift

Assistant Mine Foreman-Mine Manager Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-22 20 10 Section or Area Examined Portal Section
Time of Examination: from 1100 a.m. or p.m. to 1130 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bobby Baker Time A.M. 3:00 P.M.
Report received by (Signed) 11664-A

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'Scrap cut', 'Water in face', 'Reflector Hung', 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L LOR' (25460) and 'R LOR' (23720).

Remarks: Powercenter Trunkways intake phone chargers & Outby chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Bobby Baker Preshift-Mine Examiner Certificate No. 38699
Countersigned Mine Manager-Mine Foreman Assistant Foreman Certificate No. 11664-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22-10 Shift Ev Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>12</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>1</u>	<u>Water in face.</u>	<u>Reported</u>
3. <u>2</u>	<u>Water in face.</u>	<u>Reported</u>
4. <u>3</u>	<u>Water in face.</u>	<u>Reported</u>
5. <u>4R</u>	<u>Scrap cut</u>	<u>Corrected</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine Foreman Certificate No. 1064-A
Mine Foreman-Mine Manager Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-22-60 Section or Area Examined #3 Portal section
Time of Examination: from 9:50 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Shannon Perdue Time 11:00 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 10 rows of inspection data including gas percentages and observations like 'Needs cleaned and Dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for 'LOB' at 'Lt' (25,270) and 'Rt' (22,650).

Remarks: Powercenter, Travelways, Intake Phone, chargers, OUTBY chamber, OK At Time of exam

0% ch4 20.8% O2 0 PPM C.O. Detected

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

Signed By [Signature] Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman

1947-A

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-23-10 2010 Section or Area Examined #3 Portal section
Time of Examination: from 3:00 a.m. or p.m. to 3:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Rt 22,485</u>		
	<u>Lt 24,960</u>		

Remarks: 0% ch4, 20.8% O2, 0.11% CO2 detected
power center, charger, intake phone; out by chamber OK at
Time of exam

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

Signed By [Signature] Preshift-Mine Examiner 1947-A Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager—Mine Foreman 28236
Jay Stewart 39199 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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 1-23 2010 Section or Area Examined 3 Section Portal
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>Section Idle</u>		
2. <u>No Work</u>		
3. _____		
4. <u>Power centers, chargers</u>		
5. <u>clean at exam</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB Rt</u>	<u>21,240</u>		
<u>Lt</u>	<u>24,420</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

0% CH₄, 0% CO₂, 20.8%

Track, Trussway clean at exam

Chargers, Outby chamber, Intake phase clean at exam

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

Signed By Jay Stewart 39199
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rick Foster 28724
Mine Manager—Mine Foreman
Assistant Foreman

Grand Ole 1967-A

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 1-23-10 Section or Area Examined Portal Section
Time of Examination: from 6:30 a.m. or 0 p.m. to 6:00 a.m. or 0 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section Idle. Row 2: Power center chargers. Row 3: Clear at time of exam.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, RT, 21,565. Row 2: LT, 24,580.

Remarks: 0% ch4, 20.8% O2, 0 PPM CO. Detected

Tracks, Travelways, Clear at time of exam
Chargers, Powercenters, Outby shelter, Intake Phone
Clear at time of exam

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

Signed By [Signature] Certificate No. 1947A
Countersigned [Signature] Certificate No. 28236
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 1-24-10 Section or Area Examined Portal Section
Time of Examination: from 2:00 a.m. or p.m. to 3:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by Brought 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 handwritten entries: 1. Section Idle, 2. No work, 3. Powercenters Chargers, 4. OK At Time of exam.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: hOB, R+ 21,430, LT 24,620.

Remarks: 0% ch4, 0% pm.c.o., 20.9% O2, Detected Track, Travelways, chargers, Powercenter, Intake Phone, outBy chamber, ok At Time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1447A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman

Supervisor or Assistant: Jay Stewart 39199, George Curry 27429

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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-24 Section or Area Examined Portal Section
 Time of Examination: from 12:00 a.m. or 1:00 p.m. to 4:00 a.m. or 5:00 p.m.
 Was this report phoned to outside: Yes No
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by George Curry 27429 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>Section Idle - No Work</u>	_____
2. <u>PC's</u>	<u>None Found</u>	<u>None</u>
3. <u>Chargers</u>	<u>None Found</u>	<u>None</u>
4. <u>pumps</u>	<u>None Found</u>	<u>None</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB RT</u>	<u>21,213</u>	_____	_____
<u>Left</u>	<u>24,100</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂ tracks, travelways, pc's, chargers pumps clean at 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 George Curry 27429 Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ Mine Manager - Mine Foreman 28734
_____ Assistant Foreman 29664 Superintendent or Assistant
 Mine No. 1007A

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 1-24 20 10 Section or Area Examined Portal Sec. # 3
Time of Examination: from 8:30 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries regarding O2 and CH4 levels and other conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LT. (21,602) and RT. (24,510).

Remarks: NOCH4 det. O2 20.50 CO2
PC clear
Haulage & Tranelways clear Sec. Wet & muddy

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

Signed By [Signature] 29611 Certificate No.
Countersigned [Signature] 28236 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 1-25-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as '0 entrys 20.802 07% CH4 water reported'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of methane examination data.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of methane examination data in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) No CH4 dec. 07%, 20.87% O2, CO 07% Power center clear Haulage ways & travel ways clear Sec. wet & muddy. Set sand jacks in #3 entry.

Adam Fesley Assistant MME

38822-08 Certificate No.

Rich Pate Mine Foreman-Mine Manager

28234 Certificate No.

Superintendent or Assistant

Date of Examination 1-25 2010 Section or Area Examined Portal Section
Time of Examination: from 9:00 a.m. or p.m. to 9:50 a.m. or p.m.
Was this report phoned to outside: Yes/ no
By whom Adam Fraley Time 6:00 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4 %, CO2), Violation or Hazardous Condition, and Action Taken. Contains 10 rows of inspection data.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Contains data for L LOB (22820) and R LOB (20520).

Remarks: Powercutter, Trawlways, Intake phone, changers, and outby chamber o.k. at time of exam

CH4 0% CO2 20.8 COO

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 Adam Fraley (Preshift-Mine Examiner, Certificate No. 38922-08) and Assistant Foreman (Certificate No. 11664-A)
Countersigned by Mine Manager/Mine Foreman (Certificate No. 29722)
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 1-25-10 Shift Day Area or Section Portel Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Water in face.</u>	<u>Reported</u>
2. <u>14</u>	<u>Scrap cut</u>	<u>Corrected</u>
3. <u>1</u>	<u>water in face.</u>	<u>Reported</u>
4. <u>2</u>	<u>Water in face.</u>	<u>Reported</u>
5. <u>3L</u>	<u>Not Bolted</u>	<u>Corrected</u>
6. <u>3</u>	<u>Needs additional cleaning.</u>	<u>Corrected</u>
7. <u>4</u>	<u>Needs 1 Row of Belts.</u>	<u>Corrected</u>
8. <u>4R</u>	<u>Needs cleaned & dusted.</u>	<u>Corrected</u>
<u>5</u>	<u>Needs additional cleaning.</u>	<u>Corrected</u>
<u>6</u>	<u>Needs additional cleaning.</u>	<u>Corrected</u>
<u>7</u>	<u>Needs additional cleaning.</u>	<u>Corrected</u>

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 3 of Roof control plan with SMITH crew at end of track

[Signature] Assistant Mine
[Signature] Certificate No. 16647A
[Signature] Mine Foreman-Mine Manager
[Signature] Certificate No. 28136
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-25-10 20 Section or Area Examined Partial Sections
Time of Examination: from 2 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time A.M. 3 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'water in face', 'muck add cleaning', 'Part latched'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'JOB' with CFM values of 24510 and 21900.

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

Temperature, walkways, haulageways, pulverizer and other shutoffs checked at time of exam

Intake Phume 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] 1664-A Certificate No. 28232
Assistant Foreman [Signature] 1543-A Certificate No. 38699
Countersigned [Signature] Mine Foreman [Signature] Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-25-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	OL	Violation or Hazardous Condition	Action taken
1.	0 0%	20.8%	Water	Reported
2.	1L 0%	20.8	Scrap	Bolted
3.	1 0%	20.8	Water	Reported / Pumping
4.	2 0%	20.8	P/B	Bolted
5.	3 0%	20.8	Needs Add. Cleanings	Corrected
6.	5 0%	20.8	Ledge in face	Corrected
7.	6 0%	20.8	P/B	Bolted
8.	7 0%	20.8	Needs Add. Cleanings	Corrected

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-7	430-505	0%	11.			
2.	0-7	630-705	0%	12.			
3.	0-7	830-905	0%	13.			
4.	0-7	1030-1105	0%	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.	Lt Return	425	0%	6.			
2.	Rt Return	510	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	910	0%	10.			

Number of Bolts Tested 13
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 of R.C.P. to entire crew at start of shift

Bobby L. [Signature] Assistant Mine Foreman
[Signature] Mine Foreman-Mine Manager
28736 Certificate No.
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-25-20 Section or Area Examined Portal Section
Time of Examination: from 8:30 a.m. or p.m. to 9:05 a.m. or p.m.
Was this report phoned to outside Yes no
By whom Bobby BAKER Time 10:54 P.M.
Report received by Jason Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 8 rows of handwritten entries such as 'Face 0 ch4 20.8%002 Needs cleaned Dusted Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'LOB Rt. 23,520' and 'Lf. 24,360'.

Remarks: P-center chargers, Travelways, Intake Phone Strata Air Bay - 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 Bobby Baker 51699 Certificate No. 28236 Assistant Foreman
Countersigned Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1477-4
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-26-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 0 Face 0 CH ₄ 20.87% O ₂	Needs cleaned and dusted	reported
2. 1 Face " "	H ₂ O in Face	reported
3. 2 Left " "	Scrap cut	reported
4. 3 Face " "	Needs cleaned and dusted	reported
5. 4 Face " "	Part bolted	reported
6. 5 Right " "	Scrap cut	reported
7. 6 Face " "	None observed	reported
8. 7 Face " "	None observed	reported

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-7	1:00-1:28	0.07%	11.		
2.			12.		
3. 0-7	3:00-3:26	0.07%	13.		
4.			14.		
5. 0-7	5:00-5:27	0.07%	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. L Return	1:00	0.7%	6.		
2. R Return	1:28	0.7%	7.		
3.			8.		
4. L Return	5:00	0.7%	9.		
5. R Return	5:27	0.7%	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) P. Center, chargers, travelways, Intake phone
strata air bay - clear at time of exam.

Adam Easley Assistant Mine 38822-08 Certificate No. Rick Foster Mine Foreman-Mine Manager 23236 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-26 2010 Section or Area Examined Pertul Section
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Adam Fralery Time 5:55 A.M. P.M.
Report received by [Signature] 1664-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported.

Location	Violation or Hazardous Condition	Action Taken
1. ^{CH4} 0 Entry 0% 20.8	None Observed	Reflector Hung
2. 1 Entry 0% 20.8	Water in face	Reported
3. 2L X cut 0% 20.8	Scrap cut	Reflector Hung
4. 2 Entry 0% 20.8	Needs additional cleaning	Reported
5. 3 Entry 0% 20.8	None Observed	Reflector Hung
6. 4L X cut 0% 20.8	Needs additional cleaning	Reported
7. 4R X cut 0% 20.8	Needs additional cleaning	Reported
8. 5 Entry 0% 20.8	Needs additional cleaning	Reported
9. 5R X cut 0% 20.8	Needs additional cleaning	Reported
10. 6 Entry 0% 20.8	None Observed	Reflector Hung
7 Entry 0% 20.8	None Observed	Reflector Hung

Location	CFM	Location	CFM
L HOB	23100		
R HOB	21420		

Remarks: Powercenter Travelways intake phone chargers & Outby chamber OK at
Time of Exam
CH4 0% O2 20.8 CO2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Adam Fralery 38422-06 [Signature] Assistant Foreman 1664-A
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 1-26-16 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>Water in face</u>	<u>Reported</u>
2.	<u>2h</u>	<u>Scrapcut</u>	<u>corrected</u>
3.	<u>2</u>	<u>Needs additional cleaning</u>	<u>corrected</u>
4.	<u>4h</u>	<u>Needs additional cleaning</u>	<u>corrected</u>
5.	<u>4R</u>	<u>Needs additional cleaning</u>	<u>corrected</u>
6.	<u>S</u>	<u>Needs additional cleaning</u>	<u>corrected</u>
7.	<u>SR</u>	<u>Needs additional cleaning</u>	<u>corrected</u>
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Sh Ph Assistant Mine
16641-A Certificate No
Rock Mine Foreman-Mine Manager
28236 Certificate No
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-26 2010 Section or Area Examined 3 Section
 Time of Examination: from 200 a.m. or 250 a.m. or 0 p.m.
 Was this report phoned to outside: Yes No
 By whom Shannon Perkins Time 300 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

CH ₄ Location O ₂	Violation or Hazardous Condition	Action Taken
0 O ₂ 20.8%	Water	Reported
1 O ₂ 20.8	Ledge in face	Reported
2 O ₂ 20.8	N/O	Reported
2L O ₂ 20.8	N C/D	Reported
3 O ₂ 20.8	Scrap	Reflectors
4 O ₂ 20.8	N/O	Reported
5 O ₂ 20.8	N/O	Reported
6 O ₂ 20.8	P/B	Reflectors
7 O ₂ 20.8	Needs Add. Cleaning	Reported
10		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	23,410		
Rt LOB	20,850		

Remarks: PC, trackways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Certificate No. 1664-A
 Assistant Foreman [Signature] Certificate No. 38699

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

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-26-10 Shift Ev Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ location	O ₂	Violation or Hazardous Condition	Action taken	
1.	0	0%	20.8%	Water	Reported
2.	1	0%	20.8	Ledge in face	Reported / Rejected
3.	2L	0%	20.8	N C/D	Corrected
4.	3	0%	20.8	Scrap	Bolled
5.	6	0%	20.8	P/B	Bolled
6.	7	0%	20.8	Nails Add. cleaning	Corrected
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-7	430-505	0%	11.			
2.	0-7	630-705	0%	12.			
3.	0-7	830-905	0%	13.			
4.	0-7	1030-1105	0%	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.	Lt Return	425	0%	6.			
2.	Rt Return	510	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	910	0%	10.			

Number of Bolts Tested 13
 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 of R.R.P. to ensure issue

At start of shift
Atty T. [Signature] Assistant Min. 98698 Certificate No.
Rich Zetter Mine Foreman-Mine Manager 28735 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-26 20 10 Section or Area Examined Portal Sec.
Time of Examination: from 8:30 a.m. or p.m. to 9:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom B. Baker Time 11:02 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. 0 entries O ₂ CH ₄ 20.80%	water	Rep.
2. 1 O ₂ 20.80%	none observed	none
3. 2 O ₂ 20.60%	none observed	none
4. 3 O ₂ 20.60%	SCRAP CUT	Reflector
5. 4 O ₂ 20.80%	none observed	none
6. 5 RT O ₂ 20.80%	SCRAP CUT	Reflector
7. 6 O ₂ 20.50%	need clean & dusted	Rep.
8. 7 O ₂ 20.50%	none observed	Rep.
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.F.	24,870		
RT.	22,232		

Remarks: No CH₄ det. O₂ 20.50% CO₂
Power Center clear
Haulage & Trenchways 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 [Signature] 38699 Certificate No. Assistant Foreman
Countersigned [Signature] 28736 Certificate No. Mine Manager—Mine Foreman
[Signature] 29611 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-12 Shift 3rd Area or Section Paltal

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: section Idle Moving, CH4-0%, O2-20.8%, CO-0%.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-3 contain handwritten data for LOB L and R.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 are mostly blank.

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) Bolt out at new KVA box. Set sand jack on inby rib at KVA box.

Signatures and titles: Adam Saley (Assistant Mine), Certificate No. 38822-08; Rick [unclear] (Mine Foreman-Mine Manager), Certificate No. 28728; Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-27 2010 Section or Area Examined Partial Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Adam Friley Time 6:00 A.M. P.M.
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0 Entry CH ₄ 0% O ₂ 20.8	Wet in face	Reported
2. 1 Entry 0% 20.8	Needs additional dusting	Reported
3. 2L x cut 0% 20.8	ledge in 1	Reported
4. 2 Entry 0% 20.8	None Observed	Reflector Hung
5. 3 Entry 0% 20.8	Needs additional dusting	Reported
6. 3R x cut 0% 20.8	Needs straps spotted	Reported
7. 4 Entry 0% 20.8	None Observed	Reflector Hung
8. 5 Entry 0% 20.8	None Observed	Reflector Hung
9. 6 Entry 0% 20.8	Needs additional cleaning	Reported
10. 7 Entry 0% 20.8	None Observed	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
L LOB	23550		
R LOB	22320		

Remarks: Powercenter Trunkways intake phone chargers and outby chamber OK
at time of exam
CH₄ 0% O₂ 20.8 CO 0

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

Signed By Adam Friley Preshift Mine Examiner Certificate No. 38822-08
 Countersigned Rick Fisher Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1664-A
[Signature] Assistant Foreman Certificate No. 28032
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift Day Area or Section Pental Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>water in face</u>	<u>Reported</u>
2. <u>1</u>	<u>Needs additional Dusting</u>	<u>corrected</u>
3. <u>2 LX cut</u>	<u>Keelgin 1</u>	<u>Reported</u>
4. <u>3 Needs</u>	<u>Needs additional Dusting</u>	<u>corrected</u>
5. <u>3R X cut</u>	<u>Needs Straps Spatted</u>	<u>Reported</u>
6. <u>G</u>	<u>Needs additional cleaning</u>	<u>corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 4 paragraph 1 of Road control plan with entire crew at end of the shift

[Signature] Assistant Mine Certificate No. 1664-A
[Signature] Mine Foreman-Mine Manager Certificate No. 2822
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-27 2010 Section or Area Examined 3 Section
 Time of Examination: from 2:00 a.m. or 2:00 p.m. to 2:50 a.m. or 2:50 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Padon Time 2:55 A.M. P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work area clear</u>	<u>0% CH₄ 20.88 O₂</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>23,200</u>		
<u>Rt LOB</u>	<u>22,800</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Travelways, PC, intake place, choppers, outby chamber - OK at time of exam

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

Signed By [Signature] Certificate No. 1664-A Assistant Foreman [Signature] Certificate No. 38699
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28236
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Work area clear</u>	<u>0% CH₄ 20.8% O₂</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>430-505</u>	<u>0%</u>	11. _____	_____	_____
2. <u>0-7</u>	<u>630-705</u>	<u>0%</u>	12. _____	_____	_____
3. <u>0-7</u>	<u>830-905</u>	<u>0%</u>	13. _____	_____	_____
4. <u>0-7</u>	<u>930-1030</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>425</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>510</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>825</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>910</u>	<u>0%</u>	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38699
[Signature] Mine Foreman-Mine Manager Certificate No. 2823
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-27 2010 Section or Area Examined: Portal sec.
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Baker Time A.M. 10:50 P.M.
 Report received by T. Johnson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>work area No. 4</u>	<u>none observed</u>	<u>none</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: No. 4 Sect. 02 20.50 CO2
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 Bobby P. Baker Certificate No. 38699
 Preshift Mine Examiner Assistant Foreman Certificate No.
 Countersigned Rich Foster Certificate No. 28736
 Mine Manager— Mine Foreman
T. Johnson Assistant Foreman 29611
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-28-10 Shift 3rd Area or Section Portal #3 Sec.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>Section Idle</u>	<u>Moving Section</u>	<u>CH₄-0.7%</u>
3. _____	_____	<u>02-20.8%</u>
4. _____	_____	<u>CO-0.7%</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Intake Air Reading</u>	_____	<u>74700</u>	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) CH₄ 0.7%, 02-20.8%, CO 0.7%

Track & travelways clear at time of exam.

Adam Fralery Assistant Mine 38822-08 Certificate No. Rich Ruten 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 1-28 2010 Section or Area Examined Portal Section
Time of Examination: from 5:15 a.m. to 5:45 a.m.
Was this report phoned to outside: Yes [X] no
By whom Adam Fraley Time 5:55 A.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Workarea, Section walls under construction, None. Row 2: Moving Section, 0% CH4, 20.8 O2, None.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Intake, 74700

Remarks: Reservoir Trussways Workarea Intake phase Outby Chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Adam Fraley, Preshift-Mine Examiner, Certificate No. 38822-08
Countersigned Rick Foster, Mine Manager - Mine Foreman, Certificate No. 28736
Assistant Foreman [Signature], Certificate No. 1664-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-28-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idle Moving Section</u>	<u>None</u>	<u>None</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Intake</u>	<u>7:05</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	<u>1</u>	8. _____	_____	_____
4. <u>Intake</u>	<u>11:03</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 Paragraph 2 of Roof Control plan with entire crew at end of Track

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2823
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-28 Section or Area Examined 3 Section
 Time of Examination: from 200 a.m. or 8:00 p.m. to 250 a.m. or 10 p.m.
 Was this report phoned to outside: Yes No
 By whom Shannon Reidue Time 300 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. <u>Area Under Construction</u>		
3.		
4. <u>CH₄ 0% O₂ 20.8%</u>		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>54,900</u>		

Remarks: PC, travelways, intake phone, outby chamber, work area - 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. 1664-A
 Preshift Mine Examiner
 Assistant Foreman

Countersigned [Signature] Certificate No. 38699
 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 1-28-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idle moving Section</u>		<u>None</u>
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Work area</u>	<u>7:00-7:30</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. _____			13. _____		
4. <u>Work area</u>	<u>11:05-11:30</u>	<u>0%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Intake</u>	<u>7:05</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. <u>Intake</u>	<u>11:05</u>	<u>0%</u>	9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 Paragraph 2 of Roof Control Plan with entire crew at end of Track

SL 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. _____	_____	_____

Location	Air Measurements 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 1-28-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Section Idle Moving Section, None, None.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-3 contain handwritten data for work area haulways.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-2 contain handwritten data for intake.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Assistant Mine 38699, Mine Foreman-Mine Manager Rick Foster, Certificate No. 28736, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-28 Section or Area Examined 3900 Central
 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. Baker Time 10:55 A.M. P.M.
 Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>See Idhe No. 4 duct. 0% 20.5 or CO 0%</u>	
2.	<u>Construction work being done</u>	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Air Reading</u>	<u>58,000</u>		

Remarks: No. 4 duct. 0% 20.5 or CO 0%
Plc's clear
Tramways Haulage ways clear
Fresh Air by 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 Billy F. Baker Certificate No. 38699 Assistant Foreman _____ Certificate No. _____
 Countersigned Thick Peterson Mine Manager—Mine Foreman Certificate No. 28736
Am Peterson Assistant Foreman Certificate No. 29611 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift 3rd Area or Section Portal #3 Sec.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 2 contains handwritten entries: Section Idle, Moving Section, 0.7% CH4, 20.87% O2, 0.7% CO.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 11-15 contain handwritten entries: 80% CH4, 20.87% O2, 0.7% CO.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 6-10 are mostly blank with some faint markings.

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) 0.7% CH4, 20.87% O2, 0.7% CO Powercenter clear, Travel ways + haulage ways clear, Fresh Air Bay clear

Adam Fralery Assistant Mine

38822-08 Certificate No.

Rich [Signature] Mine Foreman-Mine Manager

28734 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-29 2010 Section or Area Examined Portal Section
Time of Examination: from 5:10 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Adam Fraley Time 6:00 A.M. P.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Work area, CH4 0%, O2 20.8, None observed, Reflector Hung. Row 2: 5 Entry, CH4 0%, O2 20.8, Needs 2 spot Bolts, Reflector Hung. Row 6: no entries started.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: L LOB, 23760. Row 2: R LOB, 25480.

Remarks: Power center Travelways chargers Intake phase out by chamber
ok at time of exam
CH4 0% O2 20.8 CO 0

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

Signed By Adam Fraley Preshift Mine Examiner Certificate No. 38822-08
Countersigned Rich Foster Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 1664-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift Day Area or Section Portel

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>S</u>	<u>Needs 2 spot Bolts</u>	<u>Corrected</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan paragraph 3, 4, & 5 with entr. crew attend O.P. Thru's

Sh. D. 11664-A Assistant Mine Certificate No. Reck Jata 28223 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 1-29 2010 Section or Area Examined 3 Section
Time of Examination: from 150 a.m. or p.m. to 250 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Shannon Perdue Time A.M. 300 P.M.
Report received by Bobby Baker (Signed)

Table with 4 columns: CH4 Location, O2, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Contains 7 rows of data with handwritten entries like 'N/O', 'Scrap', 'Ledge', 'Reflectors', 'Reported'.

Table for Air Measurements with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LT LOB' (24,500) and 'RT LOB' (27,830).

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1661-A Bobby L. Baker Assistant Foreman 38699 Certificate No.
Countersigned Rick Foster Mine Manager - Mine Foreman 28736 Certificate No.
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Entries include 'Scrap' and 'Ledge' with corresponding actions like 'Bolted' and 'Scrapped Bottom'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content of 0% at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content of 0% in Lt and Rt Return aircourses.

Number of Bolts Tested 13 Number of Bolts Torqued Above Range Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) at start of shift Read page 4 of R.C.P. to make crew

Signatures and Certificates: Assistant Mine Foreman (38699), Mine Foreman-Mine Manager (28736), Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-29-10 Section or Area Examined #3 section
Time of Examination: from 10:00 a.m. or 6:00 a.m. to 10:40 a.m. or 6:00 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Bobby Baker Time A.M. 11:00 P.M.
Report received by Jason Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for faces 1-7 and their respective conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for Left Air L.O.D (23,820) and Rt Air L.O.B (24,672).

Remarks: P. center, charges, Travel ways } Strata Air bay Intake phone } Clear at time of exam

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

Signed By Bobby Baker (Signature) Certificate No. 38699
Countersigned Rick Foster (Signature) Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-30-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3 Faces</u>	<u>none observed</u>	<u>reported</u>
2. <u>3 Right</u>	<u>scrap cut</u>	<u>reported (ref hung)</u>
3. <u>4 Face</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
4. <u>5 Face</u>	<u>gob in face</u>	<u>reported</u>
5. <u>6, 7 Faces</u>	<u>none observed</u>	<u>reported</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>1:00-1:27</u>	<u>0.07%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>3:00-3:26</u>	<u>0.07%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>5:00-5:27</u>	<u>0.07%</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>L Return</u>	<u>1:00</u>	<u>0.7%</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>1:27</u>	<u>0.7%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>5:00</u>	<u>0.7%</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>5:27</u>	<u>0.7%</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) Power center, chargers, travel ways
Strata Air Bay, Intake phone clear at time of exam.

Adam Fraley Assistant Mine 38822-08 Certificate No. Rick Zata Mine Foreman-Mine Manager 2872 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-30-10 Section or Area Examined Portal Section
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Adam Fraley Time 5:55 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4 %, O2 %), Violation or Hazardous Condition, and Action Taken. Contains 9 entries for entries 1-9.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 entries for L L0B and R L0B.

Remarks: Powercenter, Traidways intake phone, outby chamber & chargers OK at time of exam

CH4 0% O2 20.8 CO 0

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Adam Fraley 38822-08 Assistant Foreman 1664-A
Countersigned [Signature] Mine Manager-Mine 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 1-30-10 Shift Day Area or Section Porte / Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3R Xcut</u>	<u>Needs cleaned & Distcd.</u>	<u>Corrected</u>
2. <u>41</u>	<u>Needs cleaned</u>	<u>Corrected</u>
3. <u>S</u>	<u>Not Bolted</u>	<u>Corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-30 2010 Section or Area Examined 3 Section
Time of Examination: from 150 a.m. or p.m. to 250 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Shannon Perdue Time 300 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: CH4 Location, Violation or Hazardous Condition, and Action Taken. Contains 10 rows of data including CH4 percentages (e.g., 20.8%) and conditions like 'N/CID' and 'Needs Add. Cleaning'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of data: 'LH LOB' with CFM 24,350 and 'RH LOB' with CFM 27,000.

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1664A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman Certificate No. 38679
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-30-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	2 O ₂	20.8%	N CID	Corrected
2.	4 O ₂	20.8	N CID	Corrected
3.	4L O ₂	20.8	N CID	Corrected
4.	4R O ₂	20.8	N CID	Corrected
5.	S O ₂	20.8	Needs Addl. Cleaning	Corrected
6.	6 O ₂	20.8	Ledge	Reported
7.				
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	Lt Return	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	0%	10.			

Number of Bolts Tested 13
 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 5 of R.C.P. to entire crew at start of shift. Replaced several bolts in #5

Andy T. Baker
Assistant Mine

38699
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-31-10 2010 Section or Area Examined 3 section
Time of Examination: from 3:15 a.m. or p.m. to 3:35 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
1. Section Idle ^{O₂} 20.9%	CH ₄ 0%	
2. Powercent 20.8%	0%	
3. Chargers 20.8% OK AT TIME OF	0%	
4. Out By shelter 20.8% exam	0%	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOR	Lt 23,790		
	Rt 25,240		

Remarks: 0% CH₄, 20.8% O₂, 0PPM C.O. Detected

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] 1947-A Certificate No. 28236
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-30 Section or Area Examined Portol Section
 Time of Examination: from 1200 a.m. or p.m. to 300 a.m. or p.m.
 Was this report phoned to outside: Yes _____ no X
 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. Section table of chg	None observed	None
2. power centers of chg	None observed	None
3. chargers of chg	None observed	None
4. outby shelter of chg	None observed	None
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LWB Left	23,230		
Right	24,155		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂, tracks, travelways, pc's
chargers clear at seen

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

Signed By George Curry 27429 Assistant Foreman Certificate No.
 Countersigned Rick Miller 28236 Mine Manager—Mine Foreman
Amey Assistant Foreman 29611 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Portal #3

Date of Examination 1-31 20 10 Section or Area Examined _____
 Time of Examination: from 8:30 a.m. or p.m. to 8:53 a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____ Time _____ A.M. _____ P.M.
 By whom _____
 Report received by hand out side (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
# 1 <u>entries</u>	<u>070CH 20.802 none observed</u>	<u>none</u>
# 2	<u>070 20.802 none observed</u>	<u>none</u>
# 3	<u>070 20.802 none observed</u>	<u>none</u>
# 4	<u>070 20.802 SCRAP CUT</u>	<u>NO reflectors</u>
<u>Cont # 4</u>	<u>070 20.802 line curtain down</u>	<u>Rep.</u>
# 5	<u>070 20.802 none observed</u>	<u>none</u>
# 6	<u>070 20.802 none observed</u>	<u>none</u>
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

LT.

23,643

RR

24,210

Remarks:

NoCH defect. 070 20.802 000%
Plc clear
Haulage & Tranchways 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]
 Preshift Mine Examiner

29611
 Certificate No.

Assistant Foreman

Certificate No.

Countersigned

[Signature]
 Mine Manager—Mine Foreman

28736
 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 entries for entries #1-#6.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 3 entries for locations 1-7 at different times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 entries for L Return and R Return.

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) 07% CH4, 20.80% CO2, 07% CO P/E clear Haulage & travelways clear. Hung reflectors and line curtain in #4 entry

Signatures and titles: Adam Frisley (Assistant Mine Foreman), Rick Foster (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 2-1 20. 10 Section or Area Examined Portal Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Adam Fruley Time 5:50 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1 Entry CH ₄ 0% O ₂ 20.8		None Observed	Reflector Hung
2.	2 Entry 0% 20.8		None Observed	Reflector Hung
3.	3 Entry 0% 20.8		None Observed	Reflector Hung
4.	4 Entry 0% 20.8		Scrap cut	Reflector Hung
5.	5 Entry 0% 20.8		None Observed	Reflector Hung
6.	6 Entry 0% 20.8		None Observed	Reflector Hung
7.	7 Entry 0% 20.8 CH ₄ 0% O ₂		None Observed	Reflector Hung
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LLOB	25080		
RLOB	26180		

Remarks: Powercenter Trunkways intake phone cut by chamber & changers ok at time of exam

CH₄ 0% O₂ 20.8 CO 0

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

Signed By Adam Fruley 38822-08 [Signature] Assistant Foreman 11664-A Certificate No.
 Countersigned [Signature] Mine Manager - Mine Foreman 23734
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1 Section or Area Examined 3 Section
 Time of Examination: from 150 a.m. or 10 p.m. to 250 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time 300 P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported			Action Taken
CH ₄ Location	O ₂	Violation or Hazardous Condition	
1. <u>1</u> <u>O/p</u>	<u>20.8%</u>	<u>Scrap</u>	<u>Reflectors</u>
2. <u>2</u> <u>O/a</u>	<u>20.8</u>	<u>N/D</u>	<u>Repaired</u>
3. <u>3</u> <u>O/a</u>	<u>20.8</u>	<u>P/B</u>	<u>Reflectors</u>
4. <u>4</u> <u>O/a</u>	<u>20.8</u>	<u>N/D</u>	<u>Repaired</u>
5. <u>5</u> <u>O/a</u>	<u>20.8</u>	<u>Scrap</u>	<u>Reflectors</u>
6. <u>6</u> <u>O/b</u>	<u>20.8</u>	<u>Ledge</u>	<u>Repaired</u>
7. <u>6R</u> <u>O/c</u>	<u>20.8</u>	<u>N C/D</u>	<u>Repaired</u>
8. <u>7</u> <u>O/a</u>	<u>20.8</u>	<u>Water</u>	<u>Repaired</u>
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements			
Location	CFM	Location	CFM
<u>LT LOB</u>	<u>25,680</u>	_____	_____
<u>RT LOB</u>	<u>27,250</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: PC, travelways, intake phone, chargers, outby chandlers - 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. 1664-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 23732
[Signature] Assistant Foreman Certificate No. 35699
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Contains 7 rows of data including percentages of CH4 and O2, and descriptions of violations like 'Scrap', 'P/B', 'Lodge', 'N CID', and 'Water'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of data for methane examinations in working places, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of data for methane examinations in return aircourses, all showing 0% methane content.

Number of Bolts Tested 13 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 of R.C.P. to en line crew at shot of shift

Assistant-Mine 39699 Certificate No. Mine Foreman-Mine Manager 28236 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-1 2010 Section or Area Examined 3 section
Time of Examination: from 10:00 a.m. or 00 p.m. to 11:40 a.m. or 00 p.m.
Was this report phoned to outside: Yes 0 no _____
By whom Bobby Baker Time 10:55 A.M. P.M.
Report received by Myrtle Col 1947-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	0%		20.8%	scrap cut	Reflectors
2.	0%		20.8%	Needs cleaned and dusted	Reported
3.	3.4, 0%		20.8%	none observed	Reported
4.	0%		20.8%	Needs cleaned and dusted	Reported
5.	0%		20.8%	none observed	Reported
6.	6R 0%		20.8%	Needs cleaned and dusted	Reported
7.	0%		20.8%	none observed	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
LOB	Lt 27,380		
	Rt 25,840		

Remarks: 0% CH₄, 20.8% O₂, 0 PPM C.O. Detected
PC, Travelways, Intake Phone, Out By Shelter, Chargers, 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 Bobby L. Baker 32699 Assistant Foreman Certificate No.
Countersigned Rick Taylor 2874 Mine Manager / Mine Foreman Assistant Foreman

Myrtle Col 1947-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>CH₄ 07° 02 20.87°</u>	<u>Scrap cut</u>	<u>reflectors</u>
2.	<u>07° 20.87°</u>	<u>needs cleaned and dusted</u>	<u>reported</u>
3.	<u>3,4 07° 20.87°</u>	<u>none observed</u>	<u>reported</u>
4.	<u>5 07° 20.87°</u>	<u>needs cleaned and dusted</u>	<u>reported</u>
5.	<u>6 07° 20.87°</u>	<u>none observed</u>	<u>reported</u>
6.	<u>6R 07° 20.87°</u>	<u>needs cleaned and dusted</u>	<u>reported</u>
7.	<u>7 07° 20.87°</u>	<u>none observed</u>	<u>reported</u>
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>1:00-1:27</u>	<u>0.07°</u>			
<u>1-7</u>	<u>3:00-3:25</u>	<u>0.07°</u>			
<u>1-7</u>	<u>5:00-5:27</u>	<u>0.07°</u>			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>L Return</u>	<u>1:00</u>	<u>07°</u>			
<u>R Return</u>	<u>1:27</u>	<u>07°</u>			
<u>L Return</u>	<u>5:00</u>	<u>07°</u>			
<u>R Return</u>	<u>5:27</u>	<u>07°</u>			

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) 07° CH₄, 20.87° O₂, 0 PPM CO detected
PC, Travelways, Intake phone, outby Shelter, chargers OK at time of exam.

Adam F. Riley
Assistant Mine

39922-09
Certificate No.

Paul Peter
Mine Foreman-Mine Manager

23734
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 20 10 Section or Area Examined Partial Section
Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Adam Frazier Time 6:00 A.M. P.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including entries 1-7 and 4R, 6R, 7R with details on reflectors, cleaning, and balts.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for LLOB (24360) and RLOB (26460).

Remarks: Powercenter Travelways intake phone chargers & outby chevron at time of exam
CH4 0% O2 20.8 CO2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Adam Frazier Preshift-Mine Examiner Certificate No. 38922-08
Countersigned Rick Frazier Mine Manager - Mine Foreman Certificate No. 25752
Assistant Foreman [Signature] Certificate No. 1664-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 entries of violations such as 'Needs cleaned & dusted' and 'Need additional cleaning'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 7 entries showing 0% methane content at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 entries showing 0% methane content in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof Control plan with entire crew ahead of track - Set Sandbags in 4th Small Block

Signatures and titles: Assistant Mine, Certificate No. 1664-A, Mine Foreman-Mine Manager, Certificate No. 28734, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-2 Section or Area Examined 3 Section
 Time of Examination: from 150 a.m. or 250 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Riddick Time 300 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

CHy	Location	O ₂	Violation or Hazardous Condition	Action Taken
1	OB	20.8%	N/D	Reported
2	OB	20.8	Needs Add. Cleaning	Reported
3	OB	20.8	Scrap	Reflectors
4	OB	20.8	Needs Add. Cleaning	Reported
5	OB	20.8	P/B	Reflectors
6	OB	20.8	Scrap	Reflectors
7	OB	20.8	N/D	Reported
8	OB	20.8	N/D	Reported
9	OB	20.8	Lodge	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
LT 10B	24,250		
RT 10B	25,700		

Remarks: PC, travelways, intake phone, chagers, onby chamber — OK at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1664
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 38659
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	2 U ₁₀	20.8%	Noods Add. Cleaning	Corrected
2.	2L U ₁₀	20.8	Scrap	Bolted
3.	3 O ₁₀	20.8	Noods Add. Cleaning	Corrected
4.	4 O ₁₀	20.8	P/B	Bolted
5.	5R O ₁₀	20.8	Scrap	Bolted
6.	7R O ₁₀	20.8	Lodge	Repaired
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	430-500	0%	11.		
2. 1-7	630-700	0%	12.		
3. 1-7	830-900	0%	13.		
4. 1-7	1000-1040	0%	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. Lt Return	425	0%	6.		
2. Rt Return	505	0%	7.		
3.			8.		
4. Lt Return	825	0%	9.		
5. Rt Return	905	0%	10.		

Number of Bolts Tested 13
 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 of R.L.P. to active crew at start of shift. Set jacks in wide place in #3

W.L. 1 1/2 Assistant Mine 38699 Certificate No. Rich Fisher Mine Foreman-Mine Manager 2873 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 2010 Section or Area Examined Portal #3
Time of Examination: from 10:00 a.m. or p.m. to 10:40 a.m. or p.m.
Was this report phoned to outside? Yes no
By whom B. Baker T. Peterson 29611 Time A.M. 11:00 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-7 with conditions like 'none observed', 'SCRAP CUT', and 'need clean & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB LT.' (26,540) and 'RT.' (24,870).

Remarks: NOCH4 detect, O2 20.80% CO 0%
Haulage + Travelways clear
Power Center clear
Fresh Air Bay - shuttles 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 [Signature] 38699 Certificate No.
Countersigned [Signature] 28736 Assistant Foreman Certificate No.
[Signature] 29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1-2 entry 07% CH ₄ 20.80 ²	none observed	none
2. 3Rt 07% 20.80 ²	scrap cut	reflectors
3. 4 07% 20.80 ²	none observed	none
4. 5 07% 20.80 ²	scrap cut	reflectors
5. 6-7 07% 20.80 ²	needs cleaned and dusted	reported
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:00-1:28	0.07%	11. -----	-----	-----
2. -----	-----	-----	12. -----	-----	-----
3. 1-7	3:00-3:24	0.07%	13. -----	-----	-----
4. -----	-----	-----	14. -----	-----	-----
5. 1-7	5:00-5:27	0.07%	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. L Return	1:00	07%	6. -----	-----	-----
2. R Return	1:28	07%	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. L Return	5:00	07%	9. -----	-----	-----
5. R Return	5:27	07%	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) 07% CH₄, 20.80², 07% CO. Haulage & travelways clear, Power center clear, Fresh Air Bay - Intake Phone clear at time of exam.

Adam Enaley
Assistant Mine

38822-08
Certificate No.

Rick Foster
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 2-3 20.10 Section or Area Examined Portal Section
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes V no
By whom Adam Fralcy Time 5:55 A.M. P.M.
Report received by Sh Ph 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4, O2), Violation or Hazardous Condition, and Action Taken. Contains 9 entries regarding CH4 and O2 levels and reflector status.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L HOB (24310) and R HOB (26180).

Remarks: Powercenter Traxlways intake phone chargers & outby chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Adam Fralcy Pre-shift Mine Examiner Certificate No. 38822-08
Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 28734
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Scrapcut</u>	<u>Corrected</u>
2. <u>3</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
3. <u>3R</u>	<u>Not Bolted</u>	<u>Corrected</u>
4. <u>S</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>6R</u>	<u>Scrapcut</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 paragraph 28 & 29 of Roof Control plan with entire crew at end of Tracks

Sh R
Assistant Mine

11664-A
Certificate No.

Bob Astin
Mine Foreman-Mine Manager

2827
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-3 Section or Area Examined 3 Section
 Time of Examination: from 150 a.m. or 10 p.m. to 250 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Peckham Time 300 A.M. P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

CH ₄	Location	O ₂	Violation or Hazardous Condition	Action Taken
1. 1	O ₉	20.8%	N/O	Reported
2. 2	O ₉	20.8%	Needs Add. Cleaning	Reported
3. 3	O ₉	20.8%	N/O	Reported
4. 3L	O ₉	20.8%	P/B	Reflectors
5. 4	O ₉	20.8%	N C/D	Reported
6. 4R	O ₉	20.8%	Scrap	Reflectors
7. 5	O ₉	20.8%	P/B	Reflectors
8. 6	O ₉	20.8%	N/B	Reflectors
9. 7	O ₉	20.8%	Scrap	Reflectors
10.				

Air Measurements

Location	CFM	Location	CFM
Lt LOB	24,700		
Rt LOB	25,250		

Remarks: PC, travelways, intake phone, chargers, outfit chamber — OK at time of exam

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1664-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28235
[Signature] Assistant Foreman Certificate No. 38699
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-10 Shift Five Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Contains 7 rows of data.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 13 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 of P.C.P. to check crew at start of shift. Set jacks in wide place in #5 + #6

Assistant Mine 38699 Certificate No. Mine Foreman-Mine Manager 28234 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-3 20 10 Section or Area Examined Portal
 Time of Examination: from 10:00 a.m. or 10:40 p.m. to 10:40 a.m. or 10:40 p.m.
 Was this report phoned to outside: Yes no
 By whom G. Baker 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 O ₂ CH ₄	need clean & dusted	Rep.
2. 2 O ₂ CH ₄	none observed	Rep.
3. 3 O ₂ CH ₄	port Rotted	Reflecta
4. 4 O ₂ CH ₄	none observed	Rep.
5. 5 O ₂ CH ₄	grass cut	Reflecta
6. 6 RT. O ₂ CH ₄	need clean & dusted	Rep.
7. 7 O ₂ CH ₄	none observed	Rep.
8. 7 RT. O ₂ CH ₄	need clean & dusted	Rep.
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
LT.	25,640		
RT.	24,920		
<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: O₂CH₄ det. O₂ 20.5 or CO₂
Haulage & Tranchways 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 Billy L. Baker Certificate No. 38699
 Assistant Foreman Certificate No.
 Countersigned Mine Manager—Mine Foreman Certificate No. 28236
 Assistant Foreman 29611
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-4-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 entrys 07° CH ₄	needs cleaned & dusted	reported
2. 2 07° CH ₄	none observed	reported
3. 3 07° CH ₄	part bolted	reflectors
4. 4 07° CH ₄	none observed	reported
5. 5 07° CH ₄	scrap cut	reflectors
6. 6 Rt. 07° CH ₄	needs cleaned and dusted	reported
7. 7 07° CH ₄	none observed	reported
8. 7 Rt. 07° CH ₄	needs cleaned and dusted	reported

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:00-1:29	0.07°	11.		
2.			12.		
3. 1-7	3:00-3:26	0.07°	13.		
4.			14.		
5. 1-7	5:00-5:28	0.07°	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. L Return	1:00	07°	6.		
2. R Return	1:29	07°	7.		
3.			8.		
4. L Return	5:00	07°	9.		
5. R Return	5:28	07°	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) 07° CH₄, 20.80², 0.07°

Haulage and Travelways clear at exam
Adam Fraley Assistant Mine 38822-08 Certificate No. Rick Bates Mine Foreman-Mine Manager 28234 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-4- 20 10 Section or Area Examined Portal Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Adam Fiala Time 6:00 AM P.M.
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	Scrap cut	Reflector Hung
3.	2H Xcut	0%	20.8	Needs cleaned & dusted	Reported
4.	3 Entry	0%	20.8	Needs cleaned & dusted	Reported
5.	4 Entry	0%	20.8	None Observed	Reflector Hung
6.	5 Entry	0%	20.8	None Observed	Reflector Hung
7.	6 Entry	0%	20.8	None Observed	Reflector Hung
8.	6R Xcut	0%	20.8	None Observed	Reflector Hung
9.	7 Entry	0%	20.8	None Observed	Reflector Hung
10.	7R Xcut	0%	20.8	Scrap cut	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
L LAB	24240		
R LAB	26460		

Remarks: Powercenter Trunkways intake phone chargers and outby chamber ok at time of exam

CH₄ 0% O₂ 20.8 CO₂

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

Signed By Adam Fiala 38822-09 [Signature] Assistant Foreman 1664-A
 Certificate No. 23732
 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 2-4-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control Plan with entire crew at end of Truss

Sh R Assistant Mine 1664-A Certificate No. Res Rosta Mine Foreman/Mine Manager 23236 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-4 2010 Section or Area Examined 3 Section
 Time of Examination: from 100 a.m. or pm to 230 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Shannon Peedue Time A.M 255 P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 0%	20.8%	N/D	Reported
2.	2 0%	20.8	Needs Add. Cleaning	Reported
3.	3R 0%	20.8	P/B	Reflectors
4.	4 0%	20.8	N/D	Reported
5.	5 0%	20.8	N C/D	Reported
6.	6 0%	20.8	N C/D	Reported
7.	7 0%	20.8	Needs Add. Cleaning	Reported
8.	7R 0%	20.8	N/D	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LT LOB	24,610		
RT LOB	25,150		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Sh Peedue Preshift-Mine Examiner Certificate No. 16647A
 Countersigned Bobby Baker Mine Manager—Mine Foreman Certificate No. 28736
Bobby Baker Assistant Foreman Certificate No. 38699
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-4-10 Shift Ev Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	<u>2 0%</u>	<u>20.8%</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
2.	<u>3R 0%</u>	<u>20.8</u>	<u>PIB</u>	<u>Bolted</u>
3.	<u>5 0%</u>	<u>20.8</u>	<u>N CID</u>	<u>Corrected</u>
4.	<u>6 0%</u>	<u>20.8</u>	<u>N CID</u>	<u>Corrected</u>
5.	<u>7 0%</u>	<u>20.8</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
6.				
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>430-505</u>	<u>0%</u>	11.			
2.	<u>1-7</u>	<u>630-700</u>	<u>0%</u>	12.			
3.	<u>1-7</u>	<u>830-900</u>	<u>0%</u>	13.			
4.	<u>1-7</u>	<u>1000-1040</u>	<u>0%</u>	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Lt Return</u>	<u>425</u>	<u>0%</u>	6.			
2.	<u>Rt Return</u>	<u>505</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>Lt Return</u>	<u>825</u>	<u>0%</u>	9.			
5.	<u>Rt Return</u>	<u>905</u>	<u>0%</u>	10.			

Number of Bolts Tested 13 ϕ Below Range ϕ

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 of R.C.P. to entire crew at start of shift

Shelly T. Blah
Assistant Mine

38659
Certificate No.

Reed Jester
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-4 Section or Area Examined 3 Section
 Time of Examination: from 1000 a.m. or 1040 p.m. to 1040 a.m. or 1040 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

	CH ₄	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	0%		20.8%	N CID	Reported
2.	0%		20.8	Scrap	Re Reflectors
3.	0%		20.8	N/D	Reported
4.	0%		20.8	N/D	Reported
5.	0%		20.8	N CID	Reported
6.	0%		20.8	Scrap	Re Reflectors
7.	0%		20.8	P/B	Reflectors
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
LT LOB	24,610		
RT LOB	24,180		

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 38699
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
 Assistant Foreman _____ Certificate No. _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-5-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>CH⁴ 07° 02 20.87°</u>	<u>needs cleaned and dusted</u>	<u>reported</u>
2. <u>07° 20.87°</u>	<u>Scrap cut</u>	<u>reflectors</u>
3. <u>07° 20.87°</u>	<u>none observed</u>	<u>reported</u>
4. <u>07° 20.87°</u>	<u>none observed</u>	<u>reported</u>
5. <u>07° 20.87°</u>	<u>needs cleaned and dusted</u>	<u>reported</u>
6. <u>07° 20.87°</u>	<u>Scrap cut</u>	<u>reflectors</u>
7. <u>07° 20.87°</u>	<u>Part bolted</u>	<u>reflectors</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>1:00-1:28</u>	<u>0.07°</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>3:00-3:24</u>	<u>0.07°</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>5:00-5:28</u>	<u>0.07°</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>L Return</u>	<u>1:00</u>	<u>07°</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>1:28</u>	<u>07°</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>5:00</u>	<u>07°</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>5:28</u>	<u>07°</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) lower center, travelways, intake phone, chargers out by chamber - OK at time of exam.

Adam Fraley
Assistant Mine

38822-08
Certificate No.

Russ Felt
Mine Foreman-Mine Manager

28734
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5 20. 10 Section or Area Examined Portal Section
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Adam Frutky Time 5:55 A.M. P.M.
Report received by (Signed) 1664-A

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

Action Taken

Table with 3 columns: Location (CH4, O2), Violation or Hazardous Condition, and Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L HOB (24830) and R HOB (26740).

Remarks: Powercenter Truairways intake phone chargers & ~~with~~ Sp/ outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Adam Frutky 38922-08 Assistant Foreman 1664-A
Countersigned Rick Costa 23236 Mine Manager-Mine Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-5-76 Shift Day Area or Section Portal Section

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 'Scraped', 'Needs cleaned & dusted', 'Not Bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries showing 0% methane content at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 rows of handwritten entries showing 0% methane content in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control Plan with entire crew at end of Truck

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5 2010 Section or Area Examined 3 Section
Time of Examination: from 100 a.m. or 6 p.m. to 230 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time A.M. 300 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, CH4 %, Violation or Hazardous Condition, Action Taken. Rows 1-9 contain data such as 'Slap', 'N/D', 'N/B', 'N C/D' and actions like 'Reported', 'Reflectors'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include 'LT LOB' with CFM 24,160 and 'RT LOB' with CFM 26,300.

Remarks: PL, travelways, intake phone, chargers, outby chamber - OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Freshift-Mine Examiner Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 38734
Assistant Foreman [Signature] Certificate No. 38699
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-5-10 Shift Eve Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CHy Location, O2, Violation or Hazardous Condition, Action taken. Rows 1-4 contain data: 1. 1 O2 20.8% Scrap Bolted; 2. 3L O2 20.8% N/B Bolted; 3. 4R O2 20.8% N C/D Corrected; 4. 8R O2 20.8% N C/D Corrected.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4 contain data: 1. 1-7 430-500 0% 11. --- --- ---; 2. 1-7 630-700 0% 12. --- --- ---; 3. 1-7 830-900 0% 13. --- --- ---; 4. 1-7 1030-1100 0% 14. --- --- ---.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain data: 1. Lt Return 425 0% 6. --- --- ---; 2. Rt Return 505 0% 7. --- --- ---; 3. --- --- --- 8. --- --- ---; 4. Lt Return 825 0% 9. --- --- ---; 5. Rt Return 905 0% 10. --- --- ---.

Number of Bolts Tested 13 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 5 of R.C.P. to which was at start of shift

Assistant Mine Foreman-Mine Manager signatures and certificate numbers: 38697, 28736

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6 2010 Section or Area Examined 3 section
Time of Examination: from 3:15 a.m. or p.m. to 3:35 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 detailing observations like 'Needs cleaned and dusted', 'Needs Add cleaning', 'Scrap cut', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements for LOB at Lt (24,020) and Rt (26,140).

Remarks: 0% ch4, 20.8% O2, 0.1ppm CO2 detected. PC, Travelways, Intake phone, chargers out by chamber, OK At Time of exam

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

Signed By [Signature] Certificate No. 1447-A Assistant Foreman [Signature] Certificate No. 28285
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Superintendent or Assistant

32261

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6-10 20 Section or Area Examined Portal Sect. (3)
Time of Examination: from 1:00 or p.m. to 3:00 or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4, D2), Violation or Hazardous Condition, and Action Taken. Contains 8 rows of handwritten entries regarding face inspections and actions like 'reported' or 'None'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Left JOB' (20,222 CFM) and 'Right JOB' (26,180 CFM).

Remarks: 0% CH4, 0% CO, 20.8% O2 detected track, haulway, chasers, spruce logs, entry chamber and intake phone at distance of 100 feet. entry scoop chaser needs a mat.

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. 32261 Assistant Foreman [Signature] Certificate No. 28734

D May 26 1947-A