

BANNER SECTION

(LBB)

STARTED

2-12-10

PRESHIFT - ONSHIFT

and

DAILY REPORT

Finished 2-27-10

Company Performance Coal

Mine Upper Big Branch

SECTION Banner Section

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2/22 Section or Area Examined Regrain Section
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom [Signature] 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>Regrain Section</u>	<u>Clear</u>	
2. <u> </u>	<u> </u>	
3. <u> </u>	<u> </u>	
4. <u> </u>	<u> </u>	
5. <u> </u>	<u> </u>	
6. <u> </u>	<u> </u>	
7. <u> </u>	<u> </u>	
8. <u> </u>	<u> </u>	
9. <u> </u>	<u> </u>	
10. <u> </u>	<u> </u>	

Air Measurements

Location	CFM	Location	CFM
<u>Good Airflow</u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			

Remarks: power center charges traced
Clear of lines

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. 2876
 Countersigned [Signature] Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Certificate No. 1659A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-10 Shift DAY Area or Section BARRIER SECTION

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	WORK AREA 0% CH ₄	NONE OBSERVED	NONE
2.	ROCKERS 0% CH ₄	NONE OBSERVED	NONE
3.	CHIPPERS 0% CH ₄	NONE OBSERVED	NONE
4.	D-BOXES 0% CH ₄	NONE OBSERVED	NONE
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) HAD SAFETY MEETING WITH ENTIRE CREW AT M/S SWITCH, WENT OVER WORK AREA HAZARDS, TRUCK & TRAFFIC

Jim N. [Signature] Assistant Mine 1659A Certificate No. Rick [Signature] Mine Foreman-Mine Manager 28136 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12 Section or Area Examined HARRIS Section
 Time of Examination: from 1:30 a.m. or (P.M.) to 2:20 a.m. or (P.M.)
 Was this report phoned to outside: Yes X no _____
 By whom Tim Williams Time 3:00 A.M. P.M.
 Report received by JACK MARTIN (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u> <u>0% Chy</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER LINES</u> <u>0% Chy</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-BOXES</u> <u>0% Chy</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>CHARGER</u> <u>0% Chy</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% Chy, 20.8% O₂, 0% CO
TRUCK 2 TRACKWAYS CLEAR AT TOE.

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

Signed By Tim Williams Certificate No. 1659A
 Preshift Mine Examiner Assistant Foreman
 Countersigned Jack Martin Certificate No. 37293
 Mine Manager—Mine Foreman Assistant Foreman

Tim Williams 1947-A

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12-60 Section or Area Examined Barrier section
Time of Examination: from 8:30 a.m. or P.M. to 11:30 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom Carried out Time A.M. P.M.
Report received by (Signed)

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include Power center, D-Box, Charger, Work Area.

Table for Air Measurements with columns for Location and CFM. Entry: Good AIR movement.

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected Track, Travelways, 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 Jack Martin Assistant Foreman
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 37893
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 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 2-13 10 Section or Area Examined Barrier Section
Time of Examination: from 2:00 a.m. or p.m. to 6:00 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 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Power center, D-Box, Charger, WORK AREA with handwritten entries like 'CH4 0%', 'None observed', and 'Need Additional Bolting - spot Bolting Reflectors Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: 'Good AIR movement'.

Remarks: 0% CH4, 20.8% O2, 0 PPM CO. Detected Track, Travelways, 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] 1947A Certificate No. Assistant Foreman 1176A Certificate No. Countersigned [Signature] 29736 Certificate No. Mine Manager - Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-13-10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Power center 20.8⁰²</u>	<u>none observed</u>	<u>reported</u>
2. <u>O.M. Box 20.8⁰³</u>	<u>none observed</u>	<u>reported</u>
3. <u>O.M. charger 20.8⁰²</u>	<u>none observed</u>	<u>reported</u>
4. <u>O.M. work area 20.8⁰²</u>	<u>need add Bolting spot bolting</u>	<u>worked on</u>
5. <u>NO CO Found</u>		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>section Idle</u>	<u>no production</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. <u>return</u>	<u>7:40</u>	<u>0% CH₄</u>	6.		
2. <u>SS</u>	<u>11:40</u>	<u>0% CH₄</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) underlying roof & rib conditions

and entry at 7:20 AM
[Signature]
Assistant Mine

Certificate No. 1176-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 2-13-10 20: Section or Area Examined Barrier Section
Time of Examination: from 2:00 a.m. or p.m. to 2:30 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 20.802 Power center, 20.802 D-box, 20.803 Charger, and 20.802 Work Area.

Air Measurements

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

Remarks: track - clear at time exam, roadways - under development.

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. 1170-A
Countersigned Risk Factor Mine Manager - Mine Foreman Certificate No. 29236
Assistant Foreman

Superintendent or Assistant
My 26 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-13 10 Section or Area Examined Burkier Section

Time of Examination: from 8:30 a.m. or 6 p.m. to 11:30 a.m. or 6 p.m.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include Power center, D-Box, Charger, Work Area.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O. Detected. Track clear AT exam. Travelways under Development.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report. Signed By [Signature] Certificate No. 1947-A Assistant Foreman [Signature] Certificate No. 37793. Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 23236. Assistant Foreman [Signature] Superintendent or Assistant [Signature] 39199.

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 2-14 20 Section or Area Examined Barrier section
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M P.M.
Report received by (Signed)

Table with 4 columns: Location, % CH4, Violation or Hazardous Condition, Action Taken. Rows include Power Center, D-Box, Charger, Work Area.

Table for Air Measurements with columns for Location and CFM. Entry: Good air movement.

Remarks: 0% CH4, 20.8% O2, 0 PPM CO. Detected Track, Travelways, Clear At exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift Mine Examiner Certificate No. 1947-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 26734
Assistant Foreman

Superintendent or Assistant 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

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 2-14 Section or Area Examined Barrier Section
 Time of Examination: from 1200 a.m. or PM to 300 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Power Center 0% CH ₄	none observed	none
2. D-Bal 0% CH ₄	none observed	none
3. Charger 0% CH ₄	none observed	none
4. Work Area 0% CH ₄	none observed	none
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Boof Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂ track, travelers, pc's, D-Bals
chargers clear all 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 Jay Stewart Certificate No. 39199
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned Rick Tash Certificate No. 28724
 Mine Manager—Mine Foreman Assistant Foreman Certificate No. _____
Ray Tatum Certificate No. 29611
 Superintendent or Assistant
 DMS Cde 1967-A

Use Indefinible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-14 2010 Section or Area Examined Barrier section
Time of Examination: from 8:30 a.m. or 8:30 p.m. to 11:30 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Ch ₄	Violation or Hazardous Condition	Action Taken
1. Power Center	0%	None observed	None
2. D-Box	0%	none observed	none
3. Charger	0%	none observed	none
4. work AREA	0%	none observed	none
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Good Air movement	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% Ch₄, 20.8% O₂, 0 PPM C.O. Detected
Track, Travelway, 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] 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-15 10 Section or Area Examined Banner Sec
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: 1. Power Center O2CH4 none observed none; 2. D. Box O2CH4 none observed none; 3. Charge O2CH4 none observed none; 4. Work Area O2CH4 scaly top in place pulled down.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: good air movement.

Remarks: NOCH4 det. O2 20.80% CO2
Tracks + travelways 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 [Signature] Preshift-Mine Examiner Certificate No. 29611
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 1947A
Superintendent or Assistant [Signature] 38197

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 2-15 2010 Section or Area Examined Banner Sec
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 Brought Out (Signed) _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Powercenter <u>0%</u> CH ₄	<u>NONE</u> observed	<u>NONE</u>
2. D-Box <u>0%</u>	<u>NONE</u> observed	<u>NONE</u>
3. Changer <u>0%</u>	<u>NONE</u> observed	<u>NONE</u>
4. Work Area <u>0%</u>	<u>NONE</u> observed	<u>NONE</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks:
0% CH₄, 0% CO₂, 20.8% O₂
Track, Travelway 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 Jay Stewart 39199 Preshift Mine Examiner Certificate No.
Countersigned Rich Baker 28734 Mine Manager - Mine Foreman Assistant Foreman Certificate No.
Rory Peterson 29611 Assistant Foreman Superintendent or Assistant
Greg 26 1947-A Jim Hill 16598

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 2-15 20 10 Section or Area Examined Barrier Sec. (LBB)
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom brought outside Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Plc O ₂ CH ₄	none observed	none
2. D. Box O ₂ CH ₄	none observed	none
3. Charger O ₂ CH ₄	none observed	none
4. Work Area O ₂ CH ₄	being spot hotbed in place	Rep.
5. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

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

Remarks: No CH₄ det. O₂ 20.5% CO₂
Tracks & Tranceways clear at exam.

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 29611
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28734
[Signature] Assistant Foreman Certificate No. 34141
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16-60 Section or Area Examined Barrier section
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include Powercenter, D-Box, Charges, and Work Area.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good AIR movement.

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected
Track, Travelways clear AT exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1947-A Assistant Foreman
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 25236 Assistant Foreman

Superintendent or Assistant [Signature] 32261

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-16-10 Shift Day Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
<u>power center, D-box, chugger 208⁰⁰²</u>	<u>none observed</u>	<u>reported</u>
<u>work area 208⁰⁰²</u>	<u>needs additional bolting</u>	<u>worked on</u>
<u>NO CO Found</u>		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>section Idle</u>	<u>NO</u>	<u>production</u>			
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>return LT</u>	<u>7:40</u>	<u>0% CH₄</u>			
<u>return RT</u>	<u>11:40</u>	<u>0% CH₄</u>			
6.					
7.					
8.					
9.					
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) mainly roof rib conditions on new section

[Signature]
Assistant Mine

1176-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2824
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16-2010 Section or Area Examined BARRIER SECTION
Time of Examination: from 2:15 a.m. or 2:40 a.m. or 2:45 p.m.
Was this report shown to outside: Yes no
By whom BRANDON DAVIS Time A.M. 2:45 P.M.
Report received by Jade maner (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

- 1. Power center - none observed Ref
- 2. Chorges clear Ref
- 3. Roadways under development Ref
- 4. Work AREA - needs add bolting Tagged - Reflectors
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Air Measurements

Location

CFM

Location

CFM

Good Air movement

Remarks: Track-CO, Declass Clear

20.902 all cled time of
0.0% ch4 EXAM-
0% CO

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

Signed By [Signature] Certificate No. 11707 Assistant Foreman 37793
Countersigned [Signature] Mine Manager - Mine Foreman 28236
[Signature] Assistant Foreman 29644
[Signature] Superintendent or Assistant 34277

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16 2010 Section or Area Examined Banner Sec.
Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
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 P/C's, changes, and Work Area.

Air Measurements

Location CFM Location CFM

good air movement

Remarks: ROCKY deck on 20.5m CO2 track + trawls ways clear at exam

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

Signed By [Signature] Certificate No. 29611 Assistant Foreman [Signature] Certificate No. 37793
Countersigned [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 _____ 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 2-17 10 Section or Area Examined Barri
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Phoned out and
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	P/C's O2CH4	none observed	none
2.	Changas O2CH4	none observed	none
3.	Work Area	none observed	none
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

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

Remarks:

No CH4 det. O2 20.8 or CO2 0.02
Tracks & Travelways clear at exam.

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 29611
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2873C
[Signature] Assistant Foreman Certificate No. 11767A
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-17 2010 Section or Area Examined Barren
Time of Examination: from 4:30 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes no no no
By whom _____ Time _____ A.M. _____ P.M.
Report received by Wright (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Power cut</u>	<u>no</u>	
2. <u>chance</u>	<u>none</u>	
3. <u>hard work</u>	<u>work on</u>	
4. <u>work on</u>	<u>need old 5 gal bucket</u>	<u>none</u>
5. _____		
6. _____		
7. <u>2005</u>		
8. <u>officer corner</u>		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good Air</u>			

Remarks: trash, trash way

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 Joe Leon Preshift-Mine Examiner Certificate No. 71167
 Countersigned Red Jones Mine Manager—Mine Foreman Certificate No. 29736
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Power center 20.8 ⁰⁰²	none observed	none
2. Air charger 20.8 ⁰⁰²	none observed	none
3. Old work area 20.8 ⁰⁰²	needs add. spot work on	worked on bolting
4. Old road way 20.8 ⁰⁰²	work on	worked on
5. NO CO Found		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. section Idle	no production		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. return	7:40	0% CH ₄	6.		
2. return	11:40	0% CH ₄	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) roof & rib conditions

7:25 am
Barry Assistant Mine
1176 Certificate No.
Rick 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 2-17-10 Section or Area Examined Barrice Section
Time of Examination: from 2 a.m. or 235 a.m. or
Was this report phoned to outside: Yes no
By whom BRADLEY DAVIS Time A.M. 250 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Powercenters, Chargers, Work Area, Roadways under Development.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: good Air Movement.

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

Track, travelways, work Area's 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. 1176-A
Countersigned [Signature] Certificate No. 2373
Assistant Foreman [Signature] Certificate No. 1543-A
Assistant Foreman [Signature] Certificate No. 2019-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17 Shift EVE Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	^{0% CH₄} Power Center 20.8 ⁰²	NONE	NONE
2.	^{0% CH₄} Charger 20.8 ⁰²	NONE	NONE
3.	^{0% CH₄} Work Area 20.8 ⁰²	NEED ADD. Bolting	Bolting
4.			
5.			
6.			
7.	Roadways under development		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Section	Idle	no	Production		
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. Return Return	7:05	0.70	6.		
2. Return Return	11:05	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Section under development
Everything looked ok at time of examination

Ralph Kellie 2014-A Assistant Mine Certificate No.
Red Foster 2873c Mine Foreman-Mine Manager Certificate No.
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made.

Use Indelible Pencil or Ink

Date of Examination 2-17 2010 Section or Area Examined Banner Sec.
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out side
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>P/C's O₂</u>	<u>none observed</u>	<u>none</u>
2. <u>charges O₂</u>	<u>none observed</u>	<u>none</u>
3. <u>Work area O₂</u>	<u>add Bolting in 4RT₁</u>	<u>hang down reflector</u>
4. <u>Belt channel O₂</u>	<u>not tested</u>	<u>reflected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. <u>Roadways under development</u>	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Goodair movement</u>	<u>2,250 track</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: No cure level O₂ so far cool
Track bolter at RT₁ etc. at exam. being repaired

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] 29011 Certificate No. 2836
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Rich Foster 2019-A
 Mine Manager—Mine Foreman

Assistant Foreman Lacy Stuart 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2/7 Section or Area Examined Sam's S.
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Bob Cooper Time A.M. P.M.
 Report received by T. K. Turner 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	plc's	0% CH ₄ none observed	none
2.	Chairs	0% none observed	none
3.	Work Area	over case C SCRAP	Reflection
4.	Roadways	need add. cleaning & spot bolting	Rep.
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			
track - 21,175			

Remarks: No CH₄ det. 0% 20.5oz CO 0%
 Track at work. Probe at exam.

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

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

Countersigned [Signature] Certificate No. 2473
 Mine Manager - Mine Foreman

[Signature] Assistant Foreman
 Superintendent or Assistant

1176-4
 Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date

2-18

Shift

2-1540

Area or Section

[Handwritten signature]

Violations and other Hazardous Conditions Observed and Reported

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

under control

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.		

sectors done

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range

Below Range

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

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

[Signature]
Assistant Mine

[Signature]
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-18-60 Section or Area Examined Barrer Block
Time of Examination: from 9:00 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom [Signature] Time A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

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

Air Measurements

Location CFM Location CFM

Table for Air Measurements with columns for Location and CFM. Contains handwritten entry: 'Good air moving'.

Remarks: poor weather changes track
Closed tunnel of eye

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. 33359
Countersigned T. Moore Mine Manager—Mine Foreman
Assistant Foreman [Signature] Certificate No. 1176-A
Superintendent or Assistant [Signature] 2813L

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0.1% over cast C 208⁰²</u>	<u>not bolted</u>	<u>bolted</u>
2. <u>0.1% roadway 208⁰²</u>	<u>need spot bolted</u>	<u>worked on</u>
3. <u>NO CO FOUND</u>		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>No production section Idle</u>					
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. <u>return</u>	<u>7:40</u>	<u>0.1% CH₄</u>	6.		
2. <u>return</u>	<u>11:40</u>	<u>0.1% CH₄</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken Set timbers on ribs in Belt entry & First Right hand B/G in belt entry

Remarks (Statement as to General Conditions of Mine or Area of Mine) need roof & rib conditions

not over 17:30 am

[Signature]
Assistant Mine

11764
Certificate No.
Rec'd Zeta 28736

[Signature]
Mine Foreman-Mine Manager

3254
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-18- 2010 Section or Area Examined Barrier Sec.
Time of Examination: from 2:00 a.m. or (P.M.) to 2:55 a.m. or (P.M.)
Was this report phoned to outside: Yes (no)
By whom BRANDEN DAVIS Time 2:50 (P.M.)
Report received by Jack Mowen
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Power center	0.0% chy were observed	Ref
2. Chargois	0.0% chy were observed	Ref
3. Travel ways	- 0.0% chy under development	Ref
4. Walk Area	- 0.0% chy 8 ft wide - need timbered & add. bolting -	D. Tagged Ref
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 20.8 oz - 0.0% chy 0% co
all clear time of exam
D

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. 33357
Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 37793
[Signature] Superintendent or Assistant Certificate No. 29611
Rich Ester 28736

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift EVE Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>R/C & chargers-</u>	<u>none observed</u>	<u>Ref</u>
2. <u>Panel way from</u>	<u>under development -</u>	
3. <u>work areas-</u>	<u>areas wide w/ timbered</u>	<u>timbered areas</u>
4. <u></u>	<u>& spot bolted-</u>	<u>where needed</u>
5. <u></u>		
6. <u></u>		
7. <u></u>		
8. <u></u>		

Examinations for Methane in Working Places

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

NO production

Examinations for Methane in Return Aircourses

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

Jack Mann
Assistant Mine

3793
Certificate No.

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

33399
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-18-70 Section or Area Examined Barney Sec.
Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Coffey (Signed)
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 P/C, Changers, tranehways, Work Area, etc.

Air Measurements

Location CFM Location CFM

good air movement

Remarks:

Moist dust. Dr 20-8m CO2
Track clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 2411
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman [Signature] Certificate No. 31793
Superintendent or Assistant [Signature]

Reid Foster 28736

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-19 2010 Section or Area Examined Barren Run
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Broughton
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>plc Old# 20802</u>	<u>doors closed</u>	<u>none</u>
2. <u>Changin Old# 20802</u>	<u>doors closed</u>	<u>none</u>
3. <u>Work Area Old# 20802</u>	<u>needs more timbering on ribs</u>	<u>beginning</u>
4. <u>No CO Found</u>	<u>9 spot bolting</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			
<u>track entry</u>	<u>20,010 CFM</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: roadways under development.

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

Signed By [Signature] Certificate No. 29611 Assistant Foreman [Signature] Certificate No. 1176A
 Countersigned [Signature] Mine Manager—Mine Foreman 23736 Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-19 Section or Area Examined Barrie
 Time of Examination: from 9:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Preghitt 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. <u>work area open</u>	<u>need add timbers</u>	<u>put</u>
4. -----	<u>control spot puller</u>	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
<u>coal Air ground</u>	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: power cuts charge stand
Clear of roadway

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 Preghitt Certificate No. 311123
 Countersigned Rick Foster Mine Manager Mine Foreman Certificate No. 11767
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19-10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>07.00^h Work Area 20.8002</u>	<u>needs add Timbers & spot bolting</u>	<u>worked on</u>
2. <u>NO CO Found</u>		
3. -----		
4. -----		
5. -----		
6. -----		
7. -----		
8. -----		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>section Idle</u>	<u>NO</u>	<u>production</u>	<u>50 P. 10</u>		
2. -----			20.8002		
3. -----					
4. -----					
5. -----					
6. -----					
7. -----					
8. -----					
9. -----					
10. -----					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>return</u>	<u>7:50</u>	<u>0% CH₄</u>			
2. -----	<u>11:50</u>	<u>0% CH₄</u>			
3. -----					
4. -----					
5. -----					
6. -----					
7. -----					
8. -----					
9. -----					
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) removing roof & rib conditions
not safe at 7:30 am

[Signature] Assistant Mine Foreman
1170-A Certificate No.
[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 2-19-2010 Section or Area Examined Barrier Sec
Time of Examination: from 200 a.m. or 330 a.m. or 330 p.m.
Was this report phoned to outside: Yes no
By whom Blandon Davis Time A.M. 245 P.M.
Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for power cords, chargers, roadways, and walk areas.

Air Measurements

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

Remarks: 20.802 at time 0.0% ch4 of exam 0% CO

This is to certify that: (a) This section of the mine was properly examined by me (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1176-Jackman Assistant Foreman Certificate No. 37793
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 2-19-10 Shift EVE

Area or Section BARRIER SECTION

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>P/C & choppers -</u>	<u>None observed</u>	<u>Ref</u>
2. <u>Roadways -</u>	<u>under construction</u>	<u>Ref</u>
3. <u>work Area.</u>	<u>need add. spot bolting & cleaning.</u>	<u>Ref.</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Section under construction

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) talked w/ crew about timbering & spot bolting & roof & rib condition - start of shift

Jack M... 37793
Assistant Mine Certificate No.

Paul Z... 28732
Mine Foreman-Mine Manager Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-19-2010 Section or Area Examined BARRIER SEC
 Time of Examination: from 300 a.m. or p.m. to 1200 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom JACK MARRAS Time 1055 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. Power cables, 0% CH ₄	NONE OBSERVED	NONE
2. Cables, 0% CH ₄	NONE OBSERVED	NONE
3. Roadways, 0% CH ₄	under development	Ref
4. Work areas, 0% CH ₄	Need add cleaning & spot bolting	Ref
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
GOOD AIR MOVEMENT			

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

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

Signed By JACK MARRAS 37293 Certificate No. 3417
 Preshift Mine Examiner Assistant Foreman
 Countersigned Rick Hales 29236 Certificate No. 1659-A
 Mine Manager - Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20 Shift arl Area or Section Power Sect

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. -----	-----	-----
2. -----	-----	-----
3. <u>work Area</u>	<u>Need good split</u>	-----
4. <u>Man Larry</u>		
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. -----	-----	-----	11. -----	-----	-----
2. -----	-----	-----	12. -----	-----	-----
3. -----	-----	-----	13. -----	-----	-----
4. <u>Section</u>	-----	-----	14. -----	-----	-----
5. <u>under</u>	-----	-----	15. -----	-----	-----
6. <u>constr</u>	-----	-----	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) -----

Jacobs
Assistant Mine

374
Certificate No.

Bob Foster
Mine Foreman-Mine Manager

28734
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-20-10 20. Section or Area Examined Barrier section
Time of Examination: from 5:30 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Coen Time 6:10 A.M. P.M.
Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for work area and road ways.

Air Measurements

Location CFM Location CFM

good air movement

Remarks: power cut / charge / kva

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 Joe Coen Pre-shift-Mine Examiner Certificate No. 28236
Countersigned Rick Foster Mine Manager - Mine Foreman Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20-10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0% CH₄ work area 20.8⁰⁰²</u>	<u>needs add. cleaning & Bolting</u>	<u>worked on</u>
2. <u>0% CH₄ roadways 20.8⁰⁰²</u>	<u>under development</u>	<u>worked on</u>
3. <u>NO CO Found</u>		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>section Idle</u>	<u>No production</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. <u>return</u>	<u>7:50</u>	<u>0% CH₄</u>	6. _____		
2. <u>return</u>	<u>11:50</u>	<u>0% CH₄</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

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

crews at 7:30 AM

[Signature]
Assistant Mine

1176-4
Certificate No.

[Signature]
Mine Foreman-Mine Manager

58731
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-20-10 Section or Area Examined Barrier Sec
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon Davis Time A.M. 2:50 P.M.
Report received by Jack Mason (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for R/C & charges, Roadways, and work area.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for Good A.N. movement.

Remarks: 20.8 oz - 0.0% ch4 - 0% CO
Cled 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 Brandon Davis Preshift-Mine Examiner Certificate No. 11765A
Countersigned Jack Mason Assistant Foreman Certificate No. 37793
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20-10 Shift EVE Area or Section BARRIER SEE

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>P/c & chdgess-</u>	<u>none observed</u>	<u>None none</u>
2. <u>Roadways-</u>	<u>under constuct.a</u>	<u>none.</u>
3. <u>work area.</u>	<u>need add-cleaning & spot BOLTING-</u>	<u>Cleaned & Bolted 3R X CUT.</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>Section</u>	_____	_____	13. _____	_____	_____
4. <u>under</u>	_____	_____	14. _____	_____	_____
5. <u>development</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. _____	_____	_____	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) _____

Jack Mader 3772
Assistant Mine Certificate No.

Rick Rola
Mine Foreman, Mine Manager

10222
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-20 Section or Area Examined BARRIER SECTION
 Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jack Marston Time 1050 A.M. P.M.
 Report received by Jim Miller (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Power centers	none observed	none
2. Chances	none observed	none
3. Roadways	under construction	Ref
4. Work Area	need add clearing & spot bolting	Ref
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
GOOD AIR movement			

Remarks: 0% CH₄, 20.8% O₂, 0% CO
(Clear 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 Jack Marston 37793 Certificate No. 2525
 Countersigned Rich Miller Mine Manager—Mine Foreman Assistant Foreman
Jim Miller Superintendent or Assistant
 Certificate No. 1659-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-21 2010 Section or Area Examined Banner Section
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes No _____
 By whom Greg Cole Time 5:45 A.M. _____ P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Passageway</u> CH ₄ <u>0%</u> O ₂ <u>20.8</u>	<u>None Observed</u>	<u>None</u>
2. <u>Changings</u> O ₂ <u>20.8</u>	<u>None Observed</u>	<u>None</u>
3. <u>Roadways</u> O ₂ <u>20.8</u>	<u>under construction</u>	<u>Reported</u>
4. <u>Work area</u> O ₂ <u>20.8</u>	<u>Needs additional cleaning of Spot Bolting</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0% CH₄, 20.8 O₂, 0 CO 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 Greg Cole 1947-A [Signature] Assistant Foreman Certificate No. 11664-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 2828
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21-10 Shift Day Area or Section Banner Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:00</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. <u>Return</u>	<u>11:00</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) _____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21 Section or Area Examined Barrier Section 5
 Time of Examination: from 200 a.m. or pm to 230 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Shannon Pedue Time 300 A.M. P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	City	O ₂	Violation or Hazardous Condition	Action Taken
1. Power Center	O ₂	20.8%	N/O	None
2. Chargers 1	O ₂	20.8%	N/O	None
3. Roadways	O ₂	20.8%	Under Construction	Reported
4. Work Area	O ₂	20.8%	Needs Add. Cleaning + Spot Bolt-ing	Reported
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			
Intake	57,400		

Remarks: O₂- City 20.8% O₂ 0- CO Clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 16641-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 38659
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant
29611
M/M/SL 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21-10 Shift Even Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>500</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. <u>Return</u>	<u>900</u>	<u>0%</u>	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) _____

Benny L. Buh Assistant Mine Foreman Certificate No. 38699
Rich Foster Mine Foreman-Mine Manager Certificate No. 2823
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-21 2010 Section or Area Examined Barrier Sec.
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside? Yes No
 By whom P. Baker Time 29611 A.M. P.M.
 Report received by brought outside T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Plc</u> <u>O'CHY</u>	<u>observed</u>	<u>none</u>
2. <u>chargers</u> <u>O'CHY</u>	<u>none observed</u>	<u>none</u>
3. <u>Work Area</u> <u>O'CHY</u>	<u>Best entry - none observed</u>	<u>none</u>
4. <u>Work Area</u> <u>O'CHY</u>	<u>need add. chaming & spot bolting</u>	<u>Rep. Reflectors</u>
5. <u>Roadways</u> <u>O'CHY</u>	<u>under construction</u>	<u>Rep.</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>	<u>21,060</u>	<u>frack entry</u>	

<u>Intake</u>	<u>57,400</u>
---------------	---------------

Remarks: NoCHY det. 02 20.8 or 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 T. Peterson 29611 Certificate No. 28236
 Preshift-Mine Examiner
 Countersigned Bobby L. Baker Assistant Foreman
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

84197
 Certificate No. 38079

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21 Shift nd

Area or Section Barren Gate

Violations and other Hazardous Conditions Observed and Reported

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

Sections

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. -----	-----	-----

Adm

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) -----

Joe Allen
Assistant Mine

341163
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

282-36
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-22-10 20 Section or Area Examined Lower Sec
 Time of Examination: from 3:00 a.m. or pm to 6:00 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom J. Cooper Time A.M. P.M.
 Report received by T. Williams 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Lower Center</u>	<u>none observed</u>	<u>none</u>
2. <u>Charger</u>	<u>none observed</u>	<u>none</u>
3. <u>Work Area</u>	<u>need tank set in place</u>	<u>Rep.</u>
4. <u>Work Area</u>	<u>in roadways where being constructed</u>	<u>Rep.</u>
5. <u>Roadway</u>	<u>need add. clearing & spot bolting</u>	<u>Rep. Reflector</u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			
<u>intake</u>			
<u>Track</u>	<u>22,420</u>	<u>TP</u>	
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			

Remarks: No CH4 det. O₂ 20.8 or 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 T. Williams Certificate No. 29611
 Preshift Mine Examiner
 Countersigned Bush Foster Certificate No. 28734
 Mine Manager - Mine Foreman
J. Cooper Assistant Foreman
 Certificate No. 1176A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22-10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
<u>0% power center, charger 20.8⁰⁰²</u>	<u>none observed</u>	
<u>0% del work area 20.8⁰⁰²</u>	<u>need timbers set in place</u>	<u>reported</u>
<u>0% del work area 20.8⁰⁰²</u>	<u>in roadways where being constructed</u>	<u>reported</u>
<u>0% del roadways 20.8⁰⁰²</u>	<u>need add. cleaning & spot bolting</u>	<u>worked on</u>
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>section Idlle</u>	<u>no production</u>				
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
<u>return</u>	<u>7:50</u>	<u>0% del</u>			
<u>return</u>	<u>11:50</u>	<u>0% del</u>			
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) weak roof & rib conditions

[Signature]
Assistant Mine

7:30 am
1176-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 2-22-70 Section or Area Examined Barrier Sec
Time of Examination: from 200 a.m. or p.m. to 230 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon DAVIS Time 250 P.M.
Report received by Jack Marsden (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries such as 'P/C & charges - 0% ch4 clear', 'Travel ways - 0% ch4 under development', 'Work Area - 0% ch4 need add cleaning & spot', 'Bolting -'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'LT LAB - Good Air Movement', 'RT LAB - NOT ESTABLISHED', 'air moving in RT direction', 'sweeping air RT to LEFT'.

Remarks: 20.8 oz - 0.0% ch4 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1176-A Certificate No.
Assistant Foreman Jack Marsden 37793 Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman 2372
Assistant Foreman [Signature] 29611
Superintendent or Assistant [Signature] 16594

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22-70 Shift EVE

Area or Section Barrier sec

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. P/C & Chgoals-	None observed	None
2. Travel ways	under development	Set timbers in
3. work area	Needs add cleaning & spot bolting	4th X cut
4.		= { Cleaned #5 inter + Bolted cleaned in 3h X cut Bolted
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) TALKED w/ crew about Rock & Ribs & Top conditions - set timbers + spot bolt where needed.

Jack Marts Assistant Mine

37793 Certificate No.

Rob Zito Mine Foreman-Mine Manager

2823 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-22 2010 Section or Area Examined Barrier Sec.
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m. Time of Exam 10:30 PM - 11:00 PM
 Was this report phoned to outside: Yes No
 By whom Jack Martin Time 11:15 A.M. P.M.
 Report received by J. My. Gb (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Lower Center</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Charger</u>	<u>under development</u>	<u>Reported</u>
3. <u>Tramway's</u>	<u>add cleaning and spot bolting</u>	<u>Reported Reflectors</u>
4. <u>Work Area</u>	<u>none observed</u>	<u>Reported</u>
5. <u>Pump</u>		
6. <u>#4</u>	<u>scrap cut</u>	<u>Reflectors with hung</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L0B</u>	<u>Lt 44,360</u>		

Rt not established
AIR moving IN Rt Direction

Sweeping AIR Right To LEFT

Remarks: Roadways under Development

20.8% O₂, 0% CH₄, 0.1ppm 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 Jack Martin Preshift Mine Examiner Certificate No. 37793
 Countersigned Reed Baker Mine Manager - Mine Foreman Certificate No. 2878
J. My. Gb Assistant Foreman Certificate No. 3464

M. P. Gb 1447-A

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-27 Shift _____

Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>174</u>	<u>SCOP</u>	<u>_____</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Jalson
Assistant Mine

3443
Certificate No.

Mine Foreman-Mine Manager

29236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23 20. 10 Section or Area Examined Basin Sec.
Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom J. Coon Time 6:50 A.M. P.M.
Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for travelways, roadways, and scrap cut.

Air Measurements

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

Remarks: NOCH4 det. 0 to 20.80% CO2
Travelways clean 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. 24161 Assistant Foreman [Signature] Certificate No. 112604
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
[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 2-23 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>0% CH₄ roadways 20-8⁰⁰</u>	<u>need add spot bolting & cleaning</u>	<u>worked on</u>
2.	<u>0% CH₄ #3 20-8⁰⁰</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
3.	<u>NO CO Found</u>		
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>7:30-8:00</u>	<u>0% CH₄</u>	11.			
2.	<u>1-4</u>	<u>9:30-10:00</u>	<u>0% CH₄</u>	12.			
3.	<u>1-4</u>	<u>11:30-12:00</u>	<u>0% CH₄</u>	13.			
4.	<u>1-4</u>	<u>1:00-1:30</u>	<u>0% CH₄</u>	14.			
5.	<u>1-4</u>	<u>2:00-2:30</u>	<u>0% CH₄</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>return LT</u>	<u>8:10</u>	<u>0% CH₄</u>	6.			
2.	<u>return RT</u>	<u>8:20</u>	<u>0% CH₄</u>	7.			
3.	<u>return LT</u>	<u>12:10</u>	<u>0% CH₄</u>	8.			
4.	<u>return RT</u>	<u>12:20</u>	<u>0% CH₄</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) remade roof & rib conditions with

crew and 11:20 AM

[Signature]
Assistant Mine

1176-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23-2010 Section or Area Examined Barrier Sec.
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes L no
By whom BRANDON DAVIS Time 2:40 P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: # 4 BELT ENHANCED Part Bolted Tagged Reflects. Row 2: Section - 1-7 Needs add cleaning + Bolting - Ref.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LT LOB- 45,040

* RT LOB - NOT ESTABLISHED
Sweeping air Right to LEFT.
air moving in RT direction

Remarks: Power control - charges - travel ways - clear

20.802
0.0% ch4 clear time
0% CO 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: Brandon Davis, Assistant Foreman, Certificate No. 37795
Countersigned: Jack Martin, Mine Foreman, Certificate No. 28734
Assistant Foreman: [Signature], Certificate No. 16594
Superintendent or Assistant: [Signature], Certificate No. 2064

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-23-10 Shift EVE Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #4-Belt Ent.	Part Bolted	Bolted up
2. Section-1-7	needs add cleaning & spot bolting	REP.
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	330-400pm	0%	11.		
2.			12.		
3. 1-4	530-600pm	0%	13.		
4.			14.		
5. 1-4	730-800pm	0%	15.		
6. 1-4	930-1000pm	0%	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	325pm	0%	6.		
2. Rt Return	405pm	0%	7.		
3. Lt Return	725pm	0%	8.		
4. Rt Return	805pm	0%	9.		
5.			10.		

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) went over RCP-Pg-4-7-8-9

w/clean at spt of shift

Jack Martin
Assistant Mine

37793
Certificate No.

Rick Ester
Mine Foreman-Mine Manager

2973
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23 20 10 Section or Area Examined Barrier section
Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time A.M. 11:05 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Cl4 Location, O2, Violation or Hazardous Condition, Action Taken. Row 1: #3 0% 20.8% Scrap cut Reflectors Hung. Row 2: #4 0% 26.8% Needs cleaned and dusted Reported. Row 3: Section Need add cleaning slotbolting Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB LT 43,896. Row 2: RT Not established sweeping Air RT to LEFT.

Air moving in Right Direction

Remarks: Powercenter, charger, Travelways, clear

20.8% O2, 0% CH4, 0PPM CO2 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 Jack Martin Preshift-Mine Examiner Certificate No. 37293
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28230

M. J. Cole 1947-A

Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-24 Shift cont

Area or Section Barnier Beck

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>H4</u>	<u>need. bolt + flat bar</u>	<u>Rept.</u>
2. <u>3</u>	<u>SLC OPRC</u>	<u>complete</u>
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) _____

Joe Coon
Assistant Mine

24167
Certificate No.

Rick Taylor
Mine Foreman-Mine Manager

25234
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-24-10 20. Section or Area Examined Banner
 Time of Examination: from 5:00 or p.m. to 5:30 or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Coan Time 5:50 (A.M.) P.M.
 Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry	0% CH ₄ - 20.8% O ₂ none observed	none
2. #2. entry	0% CH ₄ - 20.8% O ₂ none observed	none
3. #3. entry	0% CH ₄ - 20.8% O ₂ part belted	reflects
4. #4. entry	0% CH ₄ - 20.8% O ₂ scrap cut	reflects
5. #5. entry	0% CH ₄ - 20.8% O ₂ none observed	none
6. #6. entry	0% CH ₄ - 20.8% O ₂ none observed	none
7.		
8.		
9. rescue chamber	none observed	
10.		

Air Measurements

Location	CFM	Location	CFM
left side h.o.x cut	44,210		
RT return not established air going right direction			
sweeping air right to left			

Remarks:

20.8% O₂, 0% CH₄, 0% CO, track, trackways, power center, scrap chaya 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 Joe Coan Preshift-Mine Examiner
 Countersigned Rick Foster Mine Manager - Mine Foreman

34191
 Certificate No. 23732

[Signature] Assistant Foreman
 Certificate No. 1176-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24-10 Shift Day Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>O/W 43 20.802</u>	<u>part bolted</u>	<u>bolted</u>
2. <u>O/W 44 20.802</u>	<u>Scrap cut</u>	<u>Finished & bolted</u>
3. <u>NO CO Found</u>		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>7:30-8:00</u>	<u>0% CH4</u>	11.		
2. <u>1-6</u>	<u>9:30-10:00</u>	<u>0% CH4</u>	12.		
3. <u>1-6</u>	<u>11:30-12:00</u>	<u>0% CH4</u>	13.		
4. <u>1-6</u>	<u>1:00-1:30</u>	<u>0% CH4</u>	14.		
5. <u>1-6</u>	<u>2:00-2:30</u>	<u>0% CH4</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>return LT</u>	<u>8:10</u>	<u>0% CH4</u>	6.		
2. <u>return RT</u>	<u>8:20</u>	<u>0% CH4</u>	7.		
3. <u>return LT</u>	<u>12:10</u>	<u>0% CH4</u>	8.		
4. <u>return RT</u>	<u>12:20</u>	<u>0% CH4</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) ready for work conditions under

at 7:20 am
Bush Assistant Mine
1176-A 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 2-24-2010 Section or Area Examined Barrier Section
Time of Examination: from 2:00 a.m. or (p.m.) to 2:30 a.m. or (p.m.)
Was this report phoned to outside: Yes no
By whom Shannon Davis Time A.M. 2:45 P.M.
Report received by Jackman (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 observations such as '1 & 2 - 0.0% ch4 none observed' and 'Travel ways need add cleaning & Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: 'Lt LOB 44,927'.

Rt LOB - NOT ESTABLISHED

Sweeping Air Right to Left

Remarks: Power Center - Pumps - ~~Electrical~~ Advantage

20.802 cled time
0.0% ch4 cf exam.
0% co

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1176-Jackman Assistant Foreman
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman
Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24-10 Shift EVE Area or Section Belted section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1-2-</u>	<u>none observed</u>	<u>Ref - none</u>
2.	<u>3 & 4-</u>	<u>NI cleaned & dusted</u>	<u>Ref.</u>
3.	<u>5-</u>	<u>scraper cut</u>	<u>Cut & Bolted</u>
4.	<u>6-</u>	<u>none observed</u>	<u>none</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-6-</u>	<u>4:15-5:35pm</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-6-</u>	<u>6:15-6:35pm</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-6-</u>	<u>8:15-8:35pm</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-6-</u>	<u>10:05-10:30pm</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>Lt Return</u>	<u>4:10pm</u>	<u>0%</u>	6.			
2.	<u>Rt Return</u>	<u>NA</u>		7.			
3.	<u>Lt Return</u>	<u>8:10pm</u>	<u>0%</u>	8.			
4.	<u>Rt Return</u>	<u>NA</u>		9.			
5.				10.			

Number of Bolts Tested 10 Below Range 0

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

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

w/c run at start of shift

went over RCP Pg 5-18-19

Jacobson
Assistant Mine

37793
Certificate No.

Red Peter
Mine Foreman-Mine Manager

28730
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-24-10 Section or Area Examined Barrier section
Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time A.M. 1045 P.M.
Report received by [Signature] (Signed) [Signature]

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#3 - 0.0% ch ₄	scraper cut	Tagged
4 0.0% ch ₄	n/cleaned + dusted	Ref
#5 0.0% ch ₄	port Bolted	Tagged
haulage ways-	need add cleaning	Ref
Road ways-	n/add cleaning + spot Bolting	Ref

Air Measurements

Location	CFM	Location	CFM
Lt LOB-	43278		
RT LOB-	Not Established		
Air moving in Right Direction			
Sweeping air Right to left			

Remarks: Power center - ~~partways~~ h
all ctd time of exam
20.802 %CO
0.0% ch₄

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

Signed By Jack Martin Preshift-Mine Examiner Certificate No. 37193
Countersigned Rich [Signature] Mine Manager - Mine Foreman Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-25-20 Shift amb Area or Section Barnier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	J	Slippery floor	Demolish
2.	U	Wet floor	Demolish
3.	S	Wet floor	Demolish
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.		

Section Ad W

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) _____

Joe Loan
Assistant Mine

M143
Certificate No.

Rick Testa
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 2-25-10 Section or Area Examined Barrier section
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Coon Time 5:57 A.M. P.M.
Report received by Brandon Davis (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 07-11641 through 07-11645, and a 'rescue chamber' entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LOR LT (44,280 CFM) and LOR RT (not established yet).

Remarks: Power center / Kva
none observed 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. 34147 Assistant Foreman [Signature] Certificate No. 1178A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2873
Assistant Foreman
Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-25-10 Shift Day Area or Section barrier section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>07.04 3 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & bolted</u>
2.	<u>07.04 4 20.8⁰²</u>	<u>water</u>	<u>pumping</u>
3.	<u>07.04 5 20.8⁰²</u>	<u>part bolted</u>	<u>bolted</u>
4.	<u>NO CO Found</u>		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-5</u>	<u>7:30-8:00</u>	<u>0% CH₄</u>	11.			
2.	<u>1-5</u>	<u>9:30-10:00</u>	<u>0% CH₄</u>	12.			
3.	<u>1-5</u>	<u>11:30-12:00</u>	<u>0% CH₄</u>	13.			
4.	<u>1-5</u>	<u>1:00-1:30</u>	<u>0% CH₄</u>	14.			
5.	<u>1-5</u>	<u>2:00-2:30</u>	<u>0% CH₄</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>return LT</u>	<u>0% CH₄</u>		6.			
2.	<u>return RT</u>	<u>0% CH₄</u>		7.			
3.	<u>return LT</u>	<u>0% CH₄</u>		8.			
4.	<u>return RT</u>	<u>0% CH₄</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) remains in good condition with

examined 7:20 am
[Signature]
Assistant Mine

1176-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 2-25-10 20__ Section or Area Examined Barrier section
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Donald Davis Time 2 A.M. 2:40 P.M.
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O.T. #41 20.8 ⁰²	needs addition cleaning by spotting	reflected
2. O.T. #42 20.8 ⁰²	needs addition cleaning & spotting	reflected
3. O.T. #43 20.8 ⁰²	part bolted	reflected
4. O.T. #44 20.8 ⁰²	has water in it	pumping
5. O.T. #45 20.8 ⁰²	scrap cut	reflected
6. NO CO Found		
7. _____		
8. _____		
9. rescue chamber / Fire valve	none observed	
10. _____		

Air Measurements

Location	CFM	Location	CFM
LOB LT	44,736 CFM		
LOB RT	not established yet	Air going right direction	
	sweeping	Air right to left	

Remarks: Powercenter / Kva
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 Donald Davis 1176-A Brian Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rick Jahn 25232
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 2-25-10 Shift eve Area or Section Banner Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs Add cleaning & spot Bolting</u>	<u>inspected</u>
2. <u>2</u>	<u>needs Add cleaning & spot Bolting</u>	<u>inspected</u>
3. <u>3</u>	<u>Part Bolted</u>	<u>checked to free</u>
4. <u>4</u>	<u>has water in it</u>	<u>pumped water</u>
5. <u>5</u>	<u>SCRAP cut</u>	<u>mined cut</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-5</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-5</u>	<u>030-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-5</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-5</u>	<u>1000-1046</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u> L	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____ R	<u>052</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Return</u> L	<u>1007</u>	<u>0%</u>	9. _____	_____	_____
5. _____ R	<u>1038</u>	<u>0%</u>	10. _____	_____	_____

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

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

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

Check at start of shift at present
Banner Collins 1543-A Assistant Mine Certificate No.
Res. J. J. J. 2572 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 225 2010 Section or Area Examined Barrier Sec 1
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 Bryan Collins Time A.M. 11:00 P.M.
Report received by A. Lehman 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1-5.

Air Measurements

Location

CFM

Location

CFM

LOB 43,624

Remarks: No dusted or water coolers
Plc's 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 Bryan Collins 15437A Assistant Foreman 846
Countersigned Rich Tester 2873C Mine Manager—Mine Foreman
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 2/26 Shift god Area or Section Burners Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.		
4.	<u>port. P. W. L.</u>	<u>B. W. L.</u>
5.		
6.	<u>water</u>	<u>Reports</u>
7.	<u>used clots</u>	<u>Reports</u>
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-26-10 20. Section or Area Examined Banner
 Time of Examination: from 5:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Coon Time 6:05 A.M. P.M.
 Report received by Rick Testa (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry, O ₂ 20.8%		
2. #2. entry, O ₂ 20.8%		
3. #3. entry, O ₂ 20.8%	None	
4. #4. entry, O ₂ 20.8%	water	
5. #5. entry, O ₂ 20.8%	need chit in paper	
6. -----		
7. -----		
8. -----		
9. -----		
10. -----		

Air Measurements

Location	CFM	Location	CFM
L.O.X. cut #1, 6:00	41,680		

Remarks: 20.8% O₂, 0% CH₄, 0% CO. Track, trackways, power center, scoop chaper, clear at time of exam
Intake phone clear at time of exam, O₂ by chamber clear at time of exam

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

Signed By Joe Coon Certificate No. 21143
 Countersigned Rick Testa Mine Manager / Mine Foreman Certificate No. 28232
Rick Testa Assistant Foreman Certificate No. 28232

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26-10 Shift Day Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for #4 H2O entry and #5 entry.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for location 1-7 at various times, all with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for #1 int at 8:30 and 10:30, both with 0% methane content.

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) _____

Beak Foster 28734 Assistant Mine Certificate No.

Beak Foster 28734 Mine Foreman-Mine Manager Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-26- 2010 Section or Area Examined BARRIER SECTION
Time of Examination: from 1:30 a.m. or 2:00 p.m. to 2:00 a.m. or 2:00 p.m.
Was this report phoned to outside: Yes no
By whom Rick Foster Time 2:50 A.M. P.M.
Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #344-0.0%ch ₄	none observed	Ref
2. 5RT 0.0%ch ₄	Post Bolted	Tagged Reflectors
3. 6- 0.0%ch ₄	SCOP CUT	TAGGED Reflctds
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Lt LOB-	41,777		

air moving in right direction
sweeping air right to left

Remarks: Power Cables - Travel ways - haulageways
Clean time down
20.802
0.0% ch₄
0% CO

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

Signed By Rick Foster Shift Mine Examiner Certificate No. 28776
Countersigned Jackman Mine Manager - Mine Foreman Certificate No. 37793

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26-10 Shift EVE

Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	344-	none observed	None
2.	5RT-	PART Bolted.	Bolted up
3.	6-	SCAP cut	cut & Bolted
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	3-6	500-520pm	0%	11.			
2.				12.			
3.	3-6-	700-720pm	0%	13.			
4.				14.			
5.	3-6-	900-920pm	0%	15.			
6.				16.			
7.	3-6.	1100-1120pm	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LT Return	455pm	0%	6.			
2.	RT Return	525pm	0%	7.			
3.	LT Return	855pm	0%	8.			
4.	RT Return	925pm	0%	9.			
5.				10.			

Number of Bolts Tested 12
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

went over RCP Pg 4, #2-3

w/plan at start of shift

Jack Moran
Assistant Mine

37793
Certificate No.

Reck Tolm
Mine Foreman-Mine Manager

28734
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-26- 10 Section or Area Examined Barrier
 Time of Examination: from 10:00 a.m. or (P.M.) to 10:30 a.m. or (P.M.)
 Was this report phoned to outside: Yes no
 By whom Carried out Time A.M. 11:30 (P.M.)
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 3 - 0.0% ch ₄	none observed	Ref
2. 4 - 0.0% ch ₄	need add cleaning -	Ref
3. 5 - 0.0% ch ₄	need cleaned	Ref
4. 6 - 0.0% ch ₄	not Bolted	tagged
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Lt LOB.	30,683		
Rt LOB.	15,150		
air moving in right direction			

Remarks: Power Center - Feeder - Air Chamber - intake phone
 all cled + OK at time of Exam

(Fire Valve OK)

20.802
 0.0% ch₄
 0% CO

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

Signed By Jack Martin 37793 Assistant Foreman Certificate No. _____
 Countersigned Rick Taylor Mine Manager - Mine Foreman 25724
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Indelible
pen or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-27 2010 Section or Area Examined Barrier Section
 Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>0% Ch₄, 20.8% O₂, 0% C_o</u>	
2. <u>NO WORK</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good AIR MOVEMENT</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: 0% Ch₄, 20.8% O₂, 0% C_o

Powercables, travel ways clear AT TOE.

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1659-1
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 2874
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Joy Stewart 39199

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

<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 _____