

Started 9/20/09
Full 10/6/09

PRESHIFT - ONSHIFT and DAILY REPORT L/wall

Company UBB
Mine Performance Coal
SECTION Longwall
LOCATION Noama Raleigh W.V.
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

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-20-9 Shift 1st Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>CHY</u>	<u>None obs</u>	<u>Reported</u>
2. Roof Support	"	"
3. Chargers	"	"
4. Power Centers	"	"
5. Travelways	"	"
6. Tracks	"	"
7. Barricade station	"	"
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	<u>8:30 AM</u>	<u>0%</u>	6.		
2.	<u>11:30 AM</u>	<u>0%</u>	7.		
3.	<u>2:30 PM</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) Visual check of shields 176

Safety meeting on roof + Rib + Pinch points

Richard A.
Assistant Mine

1257 A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

[Signature]
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-20 2009 Section or Area Examined Longwall
 Time of Examination: from 1:00 a.m. or (p.m.) to 2:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time A.M. P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>CH₄ 0%</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports <u> </u>	<u> </u>	<u> </u>
3. Chargers <u> </u>	<u> </u>	<u> </u>
4. Power Centers <u> </u>	<u> </u>	<u> </u>
5. Travelways <u> </u>	<u> </u>	<u> </u>
6. Track <u> </u>	<u> </u>	<u> </u>
7. Barricade Station <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>Intake</u>	<u>50,464</u>		
<u>#9</u>	<u>649</u>		
<u>#160</u>	<u>441</u>		
<u>MPA</u>	<u>8,240</u>		
<u>MPB</u>	<u>17,605</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm 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 Lane Certificate No. 1357A
 Preshift-Mine Examiner
 Countersigned Kevin W. Medley Certificate No. 39810
 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 9-20-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, Violation or Hazardous Condition, Action taken. Rows include Face, Roof supports, Chargers, Power Centers, Travel ways, Track, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show Face examinations at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show Return examinations at various times 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)

Kevin W. Medley Assistant Mine

38810 Certificate No.

Mine Foreman-Mine Manager

37111 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-20-09 Section or Area Examined Langwell
 Time of Examination: from 8:00 a.m. or p.m. to 8:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time A.M. 11:00 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0.07% CH ₄ None Observed	Reported
2. Roof Support		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	61,230		
#9	675		
#160	428		
MPA	8,720		
MPB	17,976		

Remarks: 0.07% CH₄ 20.8% O₂ 0.00% CO₂ ppm 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 Kevin W. Medley 38810 Certificate No. Keith Stanley Assistant Foreman 39218 Certificate No.
 Countersigned Keith Stanley 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 9-21-09 Shift Owl Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, None observed, Reported. Rows 2-8: Roof Support, Power Center, Chargers Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20. Row 1: Intake, 12:15AM, 0.0%. Row 2: 3:40AM, 0.0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10. Row 1: Return, 12:35AM, 0.0%. Row 2: 4:00AM, 0.0%.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting on roof and rib and

keeping mind on your job

Arnell K. Staley Assistant Mine

32218 Certificate No.

Mine Foreman-Mine Manager

32218 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-21-9 20 Section or Area Examined Long Wall
 Time of Examination: from 2:21 a.m. or p.m. to 4:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:37 P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Face	.0%	None obs	Reported
2. Roof Support	↓	" "	" "
3. Power Center		" "	" "
4. Chargers		" "	" "
5. Tracks		" "	" "
6. Travelways		" "	" "
7. Barricade Station		" "	" "
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	47,232		
#9	681		
#160	474		
MPA	8,298		
MPB	17,414		

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

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

Signed By Keith Stanley Certificate No. 39218
 Preshift-Mine Examiner
 Countersigned Richard Rame Certificate No. 1357-A
 Mine Manager—Mine Foreman Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. Face	.0%	None obs	Reported
2. Roof Support	↓	" "	"
3. Power Center		" "	"
4. Chargers		" "	"
5. Track		" "	"
6. Travelways		" "	"
7. Barricade station		" "	"
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:10am	.0%	6.		
2.	11:50am	.0%	7.		
3.	1:50pm	.0%	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) Safety Meeting on Roof +

Rib Visual check of shield 1-176

Rubland Lam Assistant Mine Certificate No. 1357-A
[Signature] Mine Foreman-Mine Manager 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 9-21 2009 Section or Area Examined Langwall
 Time of Examination: from 1:15 a.m. or p.m. to 2:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rich Lane Time 2:50 A.M. P.M.
 Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Face	<u>0%</u>	<u>None Observed</u>	<u>No Reported</u>
2. Roof Supports	<u>11</u>	<u>11</u>	<u>11</u>
3. Power Center	<u>11</u>	<u>11</u>	<u>11</u>
4. Chargers	<u>11</u>	<u>11</u>	<u>11</u>
5. Track	<u>11</u>	<u>11</u>	<u>11</u>
6. Travelways	<u>11</u>	<u>11</u>	<u>11</u>
7. Barricade Station	<u>11</u>	<u>11</u>	<u>11</u>
8. _____			
9. _____			
10. _____			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>48146</u>		
<u># 9</u>	<u>789</u>		
<u># 160</u>	<u>438</u>		
<u>MPA</u>	<u>8247</u>		
<u>MPB</u>	<u>17144</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm 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 Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Kevin W. Medley 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 9-21-09 Shift Evc Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show Face examinations at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show Return examinations at various times 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)

Kevin W. Medley Assistant Mine

38810 Certificate No.

Mine Foreman-Mine Manager

31000 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-21-09 Section or Area Examined Langwall
 Time of Examination: from 9:10 a.m. or p.m. to 9:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 10:57 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None Observed	Reported
2. Power Center		
3. Roof Supports		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	50,544		
#9 shield	760		
#160 shield	455		
MPA	8,176		
MPB	18,110		

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

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

Signed By Kevin W. Medley Certificate No. 38810
 Preshift-Mine Examiner
 Countersigned Keith Stanley Assistant Foreman
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

39218
Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-09 Shift 3rd Area or Section LW 11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>NONE OBSERVED</u>	<u>Reported</u>
2. <u>Power center</u>		
3. <u>Churn</u>		
4. <u>Track</u>		
5. <u>Trussing</u>		
6. <u>Buried stand</u>		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:20 AM</u>	<u>0%</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>RT</u>	<u>3:30 AM</u>	<u>0%</u>	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) _____

ZB Assistant Mine 38928 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-22-9 20. Section or Area Examined Long Wall
 Time of Examination: from 3:10 a.m. or p.m. to 4:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:33 A.M. P.M.
 Report received by Richard Rann 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken Reported
1. Face	.0%	None obs	Reported
2. Power Center	}	" "	" "
3. Roof Support		" "	" "
4. Chargers		" "	" "
5. Tracks		" "	" "
6. Travelways		" "	" "
7. Barricade station		" "	" "
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	52,460		
#19	765		
#160	408		
MPA	17,960		
MPB	7310		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm 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 L. B. Preshift-Mine Examiner Certificate No. 38928
 Countersigned Richard Rann Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1357-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 9-22-79 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Power Center, Roof Support, Changers, Tracks, Trundleways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes entries for Face at 8:00, 10:00, 12:00, 2:00.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes entries for Return at 8:30, 12:30, 2:15.

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) Safety talk on Roof & Rib

Visual check of Shields 1-176 Richard L... 13570 Mine Foreman-Mine Manager Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9/22 Section or Area Examined Lower wall
 Time of Examination: from 1:30 a.m. or p.m. to 2:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lane Time 2:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Faces</u> <u>To CH4</u>	<u>None</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Trunk</u>		
4. <u>Travel ways</u>		
5. <u>Charger</u>		
6. <u>P.C.</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53,067</u>		
<u>#9</u>	<u>840</u>		
<u>#160</u>	<u>433</u>		
<u>M.P.A</u>	<u>7438</u>		
<u>M.P.B</u>	<u>17,550</u>		

Remarks: To CH4 0% CO 20.8% O2

All 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 R. Lane
 Preshift-Mine Examiner
 Countersigned Jim Davis
 Mine Manager—Mine Foreman

1257A
 Certificate No.
350000

38312
Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9/22/08 Shift EVE Area or Section Longwall 11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%CH₄ NONE</u>	<u>observed none</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5.00</u>	<u>0%</u>	11. _____		
2. _____	<u>7.00</u>	<u>0%</u>	12. _____		
3. _____	<u>9.00</u>	<u>0%</u>	13. _____		
4. _____	<u>11.00</u>	<u>0%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>6.30</u>	<u>0%</u>	6. _____		
2. _____	<u>10.30</u>	<u>0%</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Mechanical equipment
guards & Roof + Ribs

Jin Da
Assistant Mine

38372
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 9-22 2007 Section or Area Examined L wall
 Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T. Davis Time A.M. P.M.
 Report received by L. Brewer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fire</u>	<u>no</u> <u>ok</u> <u>none</u> <u>find</u>	<u>see</u>
2. <u>Supports</u>	<u>u</u>	<u>u</u>
3. <u>Track</u>	<u>u</u>	<u>u</u>
4. <u>Travelway</u>	<u>u</u>	<u>u</u>
5. <u>Charger</u>	<u>u</u>	<u>u</u>
6. <u>Power center</u>	<u>u</u>	<u>u</u>
7. <u>Barricade station</u>	<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>Intake</u>	<u>63175</u>		
<u>9</u>	<u>809</u>		
<u>160</u>	<u>427</u>		
<u>MPA</u>	<u>7460</u>		
<u>MPB</u>	<u>17487</u>		

Remarks: 0 % CH₄ 2.25 % O₂ 0 % CO etc

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. Davis 3822 Assistant Foreman Certificate No. 38928
 Countersigned L. Brewer 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 9-23-09 Shift 3-2 Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Handwritten entries include 'Fire', 'Supports', 'Track', 'Traveling Changer', 'Power center', 'Barricade Station'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Handwritten entry: 1. Fire, 3:40 AM, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Handwritten entry: 1. RT, 4:00 AM, 0%.

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

38928 Certificate No.

Mine Foreman-Mine Manager

38928 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-23-09 Section or Area Examined LHWALL
Time of Examination: from 3:30 a.m. or p.m. to 4:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Begun Time 5:25 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. Face	None find	None
2. Roof Supports	" "	"
3. Power Center	" "	"
4. Charger	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Emergency station	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	62,211		
#19	814		
#160	411		
MPA	7,425		
MPB	17,128		

Remarks: 0% ch4, 20.8% O2 No CO find 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. 1357-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28098
 [Signature] Assistant Foreman
 [Signature] Superintendent or Assistant Certificate No. 30928

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-23-09 Shift Day Area or Section Hwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄} .07.	None obs	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Charger	" "	"
5. Track	Bad rib at 75 Bk.	set 4 timbers
6. Trackage	" "	"
7. Burrocode station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00 am	.0%	11.		
2.	10:00 am	.0%	12.		
3.	12:00 pm	.0%	13.		
4.	1:45 pm	.0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:30 am	.0%	6.		
2.	11:45 am	.0%	7.		
3.	2:30 pm	.0%	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)

5 safety meetings on Roof
to do visual check of shield 1-776

Richard R...
Assistant Mine

1357A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3306000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9/23 Section or Area Examined 6009 wall
 Time of Examination: from 1:45 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Hane Time 2:40 A.M. P.M.
 Report received by Jim Ows (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0 Docha</u> <u>NONE</u> <u>observed</u>	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charges</u>		
7. <u>Baricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>61,845</u>		
<u>#9</u>	<u>788</u>		
<u>#160</u>	<u>386</u>		
<u>M.P.A.</u>	<u>2,128</u>		
<u>M.P.B.</u>	<u>12,922</u>		

Remarks: 0% CH4 0% CO 20.8% O2

All 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 Richard Dan Certificate No. 1357-A Assistant Foreman Jim Ows Certificate No. 38322
 Countersigned John Laker Mine Manager—Mine Foreman Certificate No. 350000
 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 9/23/09 Shift Ev Area or Section Louisa II

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	90% CH ₄ NONE observed	NONE
2. Roof support		
3. Track		
4. Travelways		
5. PC		
6. Charger		
7. Barricade station		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	6:30	0%	6.		
2.	10:30	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) Safety meeting on Roof + Ribs

General Safety on L.W
J. J. [Signature] Assistant Mine Certificate No. 38322
[Signature] Mine Foreman-Mine Manager Certificate No. 320000
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-23 2009 Section or Area Examined Wall
 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 T. Davis Time A.M. P.M.
 Report received by L. Brown (Signed)

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

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>		
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Ch...</u>		
7. <u>Barricade station</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Entrance</u>	<u>60914</u>		
<u>9</u>	<u>688</u>		
<u>160</u>	<u>436</u>		
<u>MPA</u>	<u>7491</u>		
<u>MPB</u>	<u>18420</u>		

Remarks: 0% CH₄ 20.8% CO₂ 0% CO 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. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3926007
[Signature] Assistant Foreman Certificate No. 38928
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-24-09 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Handwritten entries include Face, Supports, Tracks, Traveling, Power center, Ch... and Berroide dust.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Handwritten entry at 1: Face, 3:05 AM, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Handwritten entry at 1: RTD, 3:30, 0%.

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) _____

Signatures and Certificates: Assistant Mine, Certificate No. 38928, 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 9-24-9 20. Section or Area Examined Long Wall
 Time of Examination: from 3:00 a.m. or p.m. to 4:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:15 ~~AM~~ P.M.
 Report received by Richard Rame (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Face	.0%	None obs	Reported
2. Roof Support	↓	" "	" "
3. Tracks		" "	" "
4. Travelways		" "	" "
5. Power Center		" "	" "
6. Chargers		" "	" "
7. Barricade station		" "	" "
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	53,119		
#9	590		
#160	632		
MPA	7245		
MPB	17260		

Remarks: .0% CH₄ 20.8% O₂ 0 ppm 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] Preshift Mine Examiner Certificate No. 30920
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1357-A
[Signature] Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-24-9 Shift Day Area or Section Long Wall

Table with 4 columns: Location, Violations and other Hazardous Conditions Observed and Reported (eH4, %), Violation or Hazardous Condition, and Action taken. Rows include Face, Roof Support, Track, Travelways, Power Center, Chargers, and Barricade station.

Table titled 'Examinations for Methane in Working Places' with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Face, 7:30 AM, 0%.

Table titled 'Examinations for Methane in Return Aircourses' with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Return, 8:00 AM, 0%.

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) Safety Meeting on Roof + Rib

Richard Lam Assistant Mine Certificate No. 1357-A [Signature] Mine Foreman-Mine Manager Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9/24/09 Section or Area Examined Longwall
 Time of Examination: from 2:30 a.m. or p.m. to 3:05 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
1. Face	CH ₄ 0%	None Obs
2. Roof Support	0	"
3. Track	0	"
4. Travelways	0	"
5. Power Center	0	"
6. Chargers	0	"
7. Barricade Station	0	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	58,111		
#9	784		
#160	533		
MPA	7130		
MPB	18487		

Remarks: CH₄ 0% O₂ 20.8% CO oppa

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. 0357-0
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 9-24-07 20 Section or Area Examined L/Wall
 Time of Examination: from 8:20 a.m. or PM to 11:30 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Mike Bailey Time A.M. 11:30 P.M.
 Report received by St. Joe 39042
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. FACE	OX	None Observed	None
2. Roof Support	OX	None Observed	None
3. Track	OX		
4. Traversing	OX		
5. Powercables	OX		
6. Changers	OX		
7. Barricade Station	OX		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	42340		
#9	454		
#160	445		
MPA	7,036		
MPB	18,420		

Remarks: OX CH4, OX CO, 20.2% O2

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

Signed By Mike Bailey Preshift-Mine Examiner Certificate No. 27085
 Countersigned Mark Lilly Mine Manager—Mine Foreman Certificate No. 28045
 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 9-25-2009 Section or Area Examined L/WALL
Time of Examination: from 4:50 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Mike Bailey Time 5:30 A.M. P.M.
Report received by W. C. Cully (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Cables, Chargers, Track, Travelways, Barricade Stakes.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include 10% ch, Intake, #9, #160, MPA, MPB.

Remarks: 10% ch, 20.8% O2 No CO found 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 Mike Bailey Preshift-Mine Examiner
Countersigned Kevin W. Medley Mine Manager-Mine Foreman
Assistant Foreman
Certificate No. 27085
Certificate No. 38810
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-25-09 Shift Day Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	<u>section Idle</u>	_____
4. _____	<u>No Power on Section</u>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Kevin W. Medley
Assistant Mine

38810
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 9/25 2009 Section or Area Examined Long Wall

Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.

Was this report phoned to outside: Yes no _____

By whom _____ Time _____ A.M _____ P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>		
2. <u>ROOF SUPPORT</u>		
3. <u>TRACK</u>	<u>Section Idle</u>	
4. <u>TRAVELWAYS</u>	<u>No Power on Section</u>	
5. <u>PC</u>		
6. <u>CHANGES</u>		
7. <u>BUNKER STATION</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>INTAKE</u>			
<u>#9</u>			
<u>#160</u>			
<u>M.P. 14</u>			
<u>M.P. 13</u>			

Remarks: _____

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

Signed By Kevin W. Medley 38810 Assistant Foreman Certificate No. _____
Preshift-Mine Examiner

Countersigned [Signature] 5700000 Mine Manager—Mine Foreman Certificate No. _____

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9/25/69 Shift Eve Area or Section Lonywall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>		
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Tramway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</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>Ret</u>			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 9-25-09 20 Section or Area Examined Longwall
 Time of Examination: from 6:30 a.m. or p.m. to 7:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T.M. Davis Time 9 A.M. 7:14 P.M.
 Report received by [Signature] (Signed) 37222

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Face	CH4-0%	None observed
2. Roof Support		None
3. Track		
4. Traveleway's		
5. Powercenter		
6. Chargers		
7. Baracade Chambers		
8.		
9.		
10.		

Location	Air Measurements	Location	CFM
LoB	69,922		
#9	638		
160	340		
NPA	4,140		
NPB	20250		

Remarks: powercenter chargers OK
CH4-0%, CO-0%, O2-20.86

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. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 380600
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9/25/09 Shift EVE Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>FACE</u>	<u>NONE</u> <u>observed</u>	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charges</u>		
7. <u>Baricade</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>FACE</u>	<u>6.00</u>	<u>0%</u>	11. _____		
2. _____	<u>8.00</u>	<u>0%</u>	12. _____		
3. _____	<u>10.00</u>	<u>0%</u>	13. _____		
4. _____	<u>12.00</u>	<u>0%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>ACT</u>	<u>2.30</u>	<u>0%</u>	6. _____		
2. _____	<u>11.30</u>	<u>0%</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof & Ribs

Jim Quei
Assistant Mine

38322
Certificate No.

Charles Lamb
Mine Foreman-Mine Manager

3906024
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-25-09 20 Section or Area Examined Longwall
 Time of Examination: from 9:30 a.m. or p.m. to 11:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T Davis Time AM 11:20 PM
 Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None observed	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	67642		
#9	645		
#160	370		
MPA	7910		
MPB	19647		

Remarks: 0 1/2 CHf 20.8% CO2 @ 7.00 g/m

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. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 380622
[Signature] Assistant Foreman Certificate No. 38920
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-26-09 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None Observed</u>	<u>None</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Chung</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade station</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>12:20AM</u>	<u>0.0%</u>	11.		
2.	<u>3:20AM</u>	<u>0.0%</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>RT</u>	<u>12:35AM</u>	<u>0.0%</u>	6.		
2.	<u>3:35AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had AMS training before going underground

Donell H. Stuber Assistant Mine 39218 Certificate No. [Signature] Mine Foreman-Mine Manager 34200 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 9-26- 2009 Section or Area Examined LHWALL
 Time of Examination: from 4:30 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 4:30 A.M. P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	Violation or Hazardous Condition	Action Taken
1. Face	0%	None Observed	Reported
2. Roof Support	"	" "	"
3. Power Cables	"	" "	"
4. Changer	"	" "	"
5. Track	"	" "	"
6. Travelways	"	" "	"
7. Barricade St.	"	" "	"
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	43,210		
#9	693		
#160	435		
MPA	8630		
MPB	17,449		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm 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 Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Kevin W. Medley Mine Manager—Mine Foreman
Kevin W. Medley Assistant Foreman
Kevin W. Medley Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face locations and times from 8:05 AM to 2:05 PM, all with 10% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing Return locations and times from 8:50 AM to 2:50 PM, all with 10% 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

One Bolt popped head off in LOCC put sand Jack in its place

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-176, Briefed men on Roof & rib plan. pg. 18 Discussed dust Control plan 7:30 AM.

Signatures: Kevin W. Medley (Assistant Mine Foreman), [Signature] (Mine Foreman-Mine Manager), [Signature] (Superintendent or Assistant)

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9/26/61 Section or Area Examined LONG WALL
 Time of Examination: from 6:00 a.m. or p.m. to 6:42 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K. Medley Time 2:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>NONE</u> <u>Observed</u>	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travel way</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade Stations</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50,489</u>		
<u>#9</u>	<u>699</u>		
<u>#160</u>	<u>410</u>		
<u>MPH</u>	<u>8.275</u>		
<u>MPB</u>	<u>17.980</u>		

Remarks: 0% CH4 0% CO 20.8% O2

All 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 Kevin W. Medley Preshift-Mine Examiner Certificate No. 38810
Jim Davis Assistant Foreman Certificate No. 38322

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 9/26/09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face (0% CH4), Roof support, Track, Travelway, PC, Charger, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20 showing methane content of 0% at various times (5:00, 7:00, 9:00, 11:00).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane content of 0% at times 6:30 and 10:30.

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) Safety meeting on General safety on L.W.

Signature lines for Assistant Mine, Certificate No. (38,322), Mine Foreman-Mine Manager, Certificate No., and Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-26-2009 20. Section or Area Examined Langwell
 Time of Examination: from 10:20 a.m. or p.m. to 11:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 11:10 A.M. 11:10 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Chargers</u>		
4. <u>Power Center</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>60,327</u>		
<u>#9</u>	<u>756</u>		
<u>#160</u>	<u>390</u>		
<u>MPA</u>	<u>8,320</u>		
<u>MPB</u>	<u>19,647</u>		

Remarks:

0.0% ch4 20.8202 0ppm 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 Tim Davis Freshift-Mine Examiner Certificate No. 38,322
 Countersigned Keith Stanley Mine Manager—Mine Foreman Certificate No. 3506000
Samuel K. Stanley Assistant Foreman Certificate No. 39218
 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 9-27-09 Shift 01 Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.0% CH ₄ None observed	Reported
2. Roof Supports		
3. Power Center		
4. Changers		
5. Track		
6. Traverses		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	12:10 AM	0.0%	11.		
2. "	2:20 AM	0.0%	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	12:30 AM	0.0%	6.		
2. "	2:45 AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Donnell K. Stealy
Assistant Mine

37218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible pencil or Ink

Date of Examination 9-27-09 Section or Area Examined Longwall
 Time of Examination: from 2:12 a.m. or p.m. to 3:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Keith Stanley Time 4:00 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. Face	0.07% ch4	None Observed	Reported
2. Roof Supports			
3. Power Center			
4. Chargers			
5. Track			
6. Travel ways			
7. Barricade Station			
8.			
9.			
10.			

Air Measurements

Location

CFM

Location

CFM

Intake

50,731

#9

702

#160

447

MPA

8,928

MPB

18,102

Remarks:

0.07% ch4 20.8% O2 Oppm 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 Keith Stanley
 Preshift-Mine Examiner

39218
 Certificate No.

Assistant Foreman

Certificate No.

Countersigned Keith Stanley
 Mine Manager—Mine Foreman

39218
 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-27-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>Section IDle till 12:20pm</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) _____

W.B. Lilly
Assistant Mine

2807
Certificate No.

[Signature]
Mine Foreman-Mine Manager

35000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-27 Section or Area Examined Long wall
 Time of Examination: from 9:10 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Kevin Medley Time 10:15 P.M.
 Report received by Tommy Estep 1139-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. FACE	None observed	Reported
2. ROOF SUPPORTS		
3. POWER CENTER		
4. CHARGERS		
5. TRACK		
6. TRAVELWAYS		
7. BARRICADE STATION		
8. rock had tore down curtain At #1 shield, rehung curtain		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	54,297		
#9	794		
#160	577		
MPA	8,563		
MPB	18,075		

Remarks: 0.2% CO 20.8% O₂ Found 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 Kevin W. Medley 38810 Certificate No.
 Preshift-Mine Examiner
 Countersigned Tommy Estep 3206 Assistant Foreman
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant
 Certificate No. 1139-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-27-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Copter, Chargers, Track, Travelway, Barricade St.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10, with handwritten entries for Face at 12:25pm and 2:25pm.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10, with handwritten entries for Return at 12:50pm and 3:00pm.

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) Briefed men on Roof fall plan 9/18. Visual checked shields 1-176. Discussed dust control plan.

Kevin W. Medley 39810 Assistant Mine Certificate No. [Signature] 39810 Superintendent or Assistant Certificate No.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-27 Section or Area Examined Longwall
 Time of Examination: from 10:30 a.m. or p.m. to 12:20 a.m. or p.m.
 Was this report phoned to outside: Yes no Time 2:30 A.M. 2:30 P.M.
 By whom Kevin Medley
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None</u>	<u>None</u>
2. <u>Ros & support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>52,479</u>		
<u>#9</u>	<u>775</u>		
<u>#160</u>	<u>537</u>		
<u>MCPA</u>	<u>8,265</u>		
<u>MCPB</u>	<u>17,980</u>		

Remarks: % CH4 % CO 208/02

All 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 Kevin W. Medley Preshift-Mine Examiner Certificate No. 38810
 Countersigned Jim Davis Assistant Foreman Certificate No. 38325
[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 9/27/09 Shift Even Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>FACE</u>	<u>0% CH₄</u> <u>NONE observed</u>	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>FACE</u>	<u>5.00</u>	<u>0%</u>	11. _____		
2. _____	<u>2.00</u>	<u>0%</u>	12. _____		
3. _____	<u>9.00</u>	<u>0%</u>	13. _____		
4. _____	<u>11.00</u>	<u>0%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>6.30</u>	<u>0%</u>	6. _____		
2. _____	<u>10.30</u>	<u>0%</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof + Ribs
Visual check of Shields 1-176 monitor Bolt + intake for CO CH₄ 20.8% on every 600 ft

Jin Qian Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager 33000 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 9-27-09 Section or Area Examined Longwell
 Time of Examination: from 10:15 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 11:00 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None observed	Reported
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Tracks		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	67,224		
#9	690		
#160	405		
MPA	8,243		
MPB	19,140		

Remarks: 0.07ch4 20.87.02 0ppm 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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Keith Stanley Mine Manager—Mine Foreman Certificate No. 39218
 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 9-28-09 Shift Longwall Owl Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.0% CH, None Observed, None. Rows 2-8: Roof Supports, Chargers, Power Center, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-2: Face, 12:40AM, 0.0%, Face, 4:30AM, 0.0%. Rows 3-10: Empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Return, 1:10AM, 0.0%. Row 2: Return, 4:45AM, 0.0%. Rows 3-10: Empty.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over dust control - # of sprays and PSI on sleaver

Assistant Mine: Samuel K. Staley, Certificate No. 39218; Mine Foreman-Mine Manager: [Signature], Certificate No. 39218; Superintendent or Assistant: [Signature]

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-28 2009 Section or Area Examined Longwall
 Time of Examination: from 4:18 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Floor Supports</u>	<u> </u>	<u> </u>	<u> </u>
3. <u>Power Centers</u>	<u> </u>	<u> </u>	<u> </u>
4. <u>Chargers</u>	<u> </u>	<u> </u>	<u> </u>
5. <u>Track</u>	<u> </u>	<u> </u>	<u> </u>
6. <u>Travelways</u>	<u> </u>	<u> </u>	<u> </u>
7. <u>Barricade Station</u>	<u> </u>	<u> </u>	<u> </u>
8. _____			
9. _____			
10. _____			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>65,570</u>		
<u># 9</u>	<u>633</u>		
<u># 160</u>	<u>407</u>		
<u>MP A</u>	<u>8,734</u>		
<u>MP B</u>	<u>18,303</u>		

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

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Assistant Foreman Kevin W. Medley Certificate No. 38810
 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 9-28-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00 AM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>11:00 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>1:00 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>3:00 PM</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) _____

Kevin W. Medley
Assistant Mine

35810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

35810
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-28-9 20 Section or Area Examined Long Wall
 Time of Examination: from 10:1 a.m. or pm. to 1:54 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time A.M. 2:31 P.M.
 Report received by Richard Rann 1357A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CFM	Violation or Hazardous Condition	Action Taken
1. Face	.0%	None obs	Reported
2. Roof Support		" "	"
3. Power Center		" "	"
4. Chargers		" "	"
5. Track		" "	"
6. Travelways		" "	"
7. Barricade station		" "	"
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	61,440		
#9	614		
#160	410		
MPA	8,843		
MPB	18,525		

Remarks: .0% CH⁴ 20.8% O² Oppm 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 Kevin W. Medley 38810 Richard Rann 1357A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 3900000
 Mine Manager--Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-9 Shift Eve Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	CH ₄ .0%	Reported
2. Roof Support	" "	" "
3. Track	" "	" "
4. Travelways	" "	" "
5. Power Center	" "	" "
6. Chargers	" "	" "
7. Barricade station	" "	" "
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:25 PM	.0%	6.		
2.	10:15 PM	.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) Safety Meeting on Roof & Visual checks of Shields 1-175

Richard Assistant Mine Certificate No. 1357
Richard Mine Foreman-Mine Manager Certificate No. 3000
Richard Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-28-09 20. Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Lane Time 11:00 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>		
3. <u>Power Center</u>		
4. <u>Changers</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59,439</u>		
<u>#9</u>	<u>611</u>		
<u>#160</u>	<u>407</u>		
<u>MPA</u>	<u>8,720</u>		
<u>MPB</u>	<u>17,989</u>		

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

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

Signed By Richard Ham Certificate No. 1357-A
 Preshift-Mine Examiner
 Countersigned Keith Stanley Certificate No. 39218
 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 9-28-09 Shift owl Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Idle</u>	<u>No Power</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Daniel K. Staley
Assistant Mine

39218
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 9-29 2009 Section or Area Examined Longwall
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:45 A.M. P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. <u>Facc</u>	<u>0%</u>		<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>"</u>		<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>		<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>		<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>		<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>		<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>		<u>"</u>	<u>"</u>
8. _____				
9. _____				
10. _____				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>64,381</u>		
<u>#9</u>	<u>624</u>		
<u>#120</u>	<u>415</u>		
<u>MPA</u>	<u>8,592</u>		
<u>MPB</u>	<u>18,013</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm 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 Keith Stanley Certificate No. 39218
 Preshift-Mine Examiner
 Countersigned Kevin W. Medley Certificate No. 38810
 Assistant Foreman
Kevin W. Medley
 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 9-29-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 showing Face examinations at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 showing Return examinations at various times 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)

Kevin W. Medley Assistant Mine

38810 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 9-29-9 20-- Section or Area Examined Long Wall
Time of Examination: from 1:45 a.m. or p.m. to 6:30 a.m. or p.m.
Was this report phoned to outside: Yes ___ no ___
By whom Kevin Medley Time 2:51 A.M. P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade station	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	59,297		
#9	689		
#160	405		
MPA	8,647		
MPB	18,235		

Remarks: .0% CH₄ 20.8% O₂ Oppm 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 Kevin W. Medley 38810 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3700007
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 9-29-9 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>CH4 0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
4. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade station</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:15 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>7:10 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>9:00 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:00 PM</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) Safety Meeting on Roof & Lab

Richard Lane
Assistant Mine

1357 R
Certificate No.

[Signature]
Mine Foreman-Mine Manager

330000
Certificate No.

[Signature]
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-29-09 Section or Area Examined Lengwall
 Time of Examination: from 8:30 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rich Lane Time 10:50 A.M. 10:50 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. Face	None Observed	Reported
2. Roof Support		
3. Power Center		
4. Chargers		
5. Track		
6. Travel ways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

Location	CFM	Location	CFM
Intake	57,855		
#9	716		
#160	411		
MPA	8,744		
MPB	17,912		

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

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Keith Stanley Mine Manager - Mine Foreman Assistant Foreman Certificate No. 39218
 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 9-30-07 Shift 3rd Area or Section L wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include Face, Supports, Air-curtain, Chances, Truce, Traveling, Bunker di.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entry 1: Face, 4:40 AM, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entry 1: AT, 4:53 AM, 0%.

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 signature

30123 Certificate No.

Mine Foreman-Mine Manager signature

21000 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-30 2009 Section or Area Examined Longwall
 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
 By whom Larry Brown Time 5:25 A.M. P.M.
 Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ O ₂	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,460</u>	_____	_____
<u># 9</u>	<u>765</u>	_____	_____
<u># 160</u>	<u>408</u>	_____	_____
<u>M P A</u>	<u>7310</u>	_____	_____
<u>M P B</u>	<u>17,960</u>	_____	_____

Remarks: 0% CH₄ 20.8% O₂ 0ppm 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] 38929 Kevin W. Medley 38810
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] [Signature] 28090
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 4-30-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>10 bolts None cut</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Center</u>	<u>" "</u>	<u>"</u>
4. <u>Chargers</u>	<u>" "</u>	<u>"</u>
5. <u>Travelways</u>	<u>" "</u>	<u>"</u>
6. <u>Track</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>"</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:40 AM</u>	<u>10%</u>	6. _____	_____	_____
2. <u>"</u>	<u>12:40 PM</u>	<u>10%</u>	7. _____	_____	_____
3. <u>"</u>	<u>2:40 PM</u>	<u>10%</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) Briefed men on Roof ribs plan. 8:20 AM
Visual check shields 1-176. Discussed dust Control plan. 7:20 AM

Kevin W. Medley
Assistant Mine

38810
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 9-30-9 20 Section or Area Examined Longwall
Time of Examination: from 12:45 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Kevin Medley Time A.M. 2:45 P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Chargers, Trenchways, Track, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: 0% CH4 20.8% O2 0ppm 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 Kevin W. Medley 38810 Certificate No. Richard Rame 1357-A Assistant Foreman Certificate No.
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 9-30-9 Shift Even Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	"	"
3. Power Center	"	"
4. Chargers	"	"
5. Travelways	"	"
6. Track	"	"
7. Barricade Station	"	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	9:15 PM	0%	11.		
2.	11:15 PM	0%	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	9:40 PM	0%	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) safety meeting on roof
& Rob Visual check of Shields 1-174

Richard R. ...
Assistant Mine

1351A
Certificate No.

John ...
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 9-30 2009 Section or Area Examined LW911
 Time of Examination: from 7:15 a.m. or p.m. to 9:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 11:00 A.M. P.M.
 Report received by LBrown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fale</u>	<u>NONE observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u>"</u>	<u>"</u>
3. <u>Power center</u>	<u>"</u>	<u>"</u>
4. <u>Charger</u>	<u>"</u>	<u>"</u>
5. <u>Traveling</u>	<u>"</u>	<u>"</u>
6. <u>Truck</u>	<u>"</u>	<u>"</u>
7. <u>Barricade station</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>55960</u>	_____	_____
<u>#9</u>	<u>655</u>	_____	_____
<u>#160</u>	<u>409</u>	_____	_____
<u>MPA</u>	<u>8689</u>	_____	_____
<u>MPB</u>	<u>18540</u>	_____	_____

Remarks: 0% chd 20.8% O2 0% CO at exam time

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

Signed By Rubert Lane Preshift-Mine Examiner Certificate No. 1357-D
 Countersigned Calvin Mine Manager—Mine Foreman Certificate No. 38928
ZB 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 10-1-09 Shift 3rd Area or Section Wg1/

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, None observed, Reported. Rows 2-8: Supports, Power center, Charger, Travelway, Track, Barricade station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 3:15 AM, 0%. Rows 2-10: Empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: RT, 3:35 AM, 0%. Rows 2-10: Empty.

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. 3828, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10/11 2009 Section or Area Examined LOWGWAH
 Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Recy Brown Time 5:25 A.M. P.M.
 Report received by Jim Oaur (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>NONE</u> observed	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>P.C.</u>		
6. <u>Charges</u>		
7. <u>Barriade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,416</u>		
<u>#9</u>	<u>657</u>		
<u>#160</u>	<u>482</u>		
<u>MPA</u>	<u>8,120</u>		
<u>MPB</u>	<u>18,640</u>		
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4 0% CO 20.876 oz
All 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 Z B Certificate No. 38925 Assistant Foreman Jim Oaur Certificate No. _____
 Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman _____
 Superintendent or Assistant _____

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

Report shall be signed when made

10/10/09

Shift DAY Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
<u>Face</u>	<u>None</u>	<u>None</u>
<u>Support</u>	<u>Observed</u>	<u>None</u>
<u>Drift</u>	<u>None</u>	<u>None</u>
<u>Winding</u>	<u>None</u>	<u>None</u>
<u>Shaft</u>	<u>None</u>	<u>None</u>
<u>Barricade</u>	<u>None</u>	<u>None</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>Face</u>	<u>8:00</u>	<u>0%</u>	11.		
	<u>10:00</u>	<u>0%</u>	12.		
	<u>12:00</u>	<u>0%</u>	13.		
	<u>2:00</u>	<u>0%</u>	14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Ret</u>	<u>9:30</u>	<u>0%</u>	6.		
	<u>1:30</u>	<u>0%</u>	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) Safety meeting at interval on Road & Drifts

Check Primary beam with To section on

Jim O'Leary
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-1-9 20. Section or Area Examined Long Wall
 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 Tim Davis Time 2:28 P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	CH ₄ 0% None obs	Reported
2. Roof Support	" "	"
3. Tracks	" "	"
4. Travelways	" "	"
5. Power Center	" "	"
6. Chargers	" "	"
7. Barricade Station	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	50,497		
#9	690		
#160	380		
MPA	8,419		
MPB	24,132		

Remarks: 0.9% CH₄ 20.8% O₂ 0.0ppm 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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Assistant Foreman Certificate No. _____
 Countersigned Richard Rame Mine Manager—Mine Foreman
 Assistant Foreman
Richard Rame Superintendent or Assistant 1357-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-1-9 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	"	"
3. Tracks	"	"
4. Travelways	"	"
5. Power Center	"	"
6. Chargers	"	"
7. Barricade station	"	"
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:50 PM	0%	6.		
2.	9:55 PM	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)

Safety meeting on roof +

Richard Pan
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

324
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-1 2009 Section or Area Examined wall
 Time of Examination: from 9:30 a.m. or p.m. to 10:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time AM 10:49 P.M.
 Report received by L Burn (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	 	
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power cabs</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53029</u>		
<u>9</u>	<u>630</u>		
<u>160</u>	<u>350</u>		
<u>M/A</u>	<u>8344</u>		
<u>M/B</u>	<u>2412</u>		

Remarks: O₂ chd 20.9% O₂ 0% CO at ca

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 R Lane Certificate No. 1357-A
 Preshift-Mine Examiner
 Countersigned L Burn Certificate No. 38927
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-09 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Supports		
3. Track		
4. Travel way		
5. Power Center		
6. Churn		
7. Barrage Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:50 AM	0%	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. RT	5:05 AM	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

 Assistant Mine Foreman
 38928 Certificate No.
 Mine Foreman-Mine Manager
 38928 Certificate No.
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10/21 Section or Area Examined Longwall
 Time of Examination: from 4:40 a.m. or p.m. to 5:10 a.m. or p.m.
 Was this report phoned to outside: Yes no Time 5:20 A.M. P.M.
 By whom Larry Brown
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>none</u>
2. <u>Roof support</u>	<u>none</u>	<u>observed</u>
3. <u>Track</u>		
4. <u>Traverse</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>1070 ch₄</u>		
<u>#9</u>	<u>58,611</u>		
<u>#160</u>	<u>643</u>		
<u>WPA</u>	<u>488</u>		
<u>WPR</u>	<u>8670</u>		
	<u>19,140</u>		

Remarks: 0% CH₄ 0% CO 20.86 O₂

All 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. 38928 Assistant Foreman Jim Davis Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman Wesley Kelly Certificate No. 28045
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/2/09 Shift DAY Area or Section hang wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	OPCHA none found	none
2. Roof support	" "	"
3. Tracks	" "	"
4. Travelway	" "	"
5. P.C.	" "	"
6. Charges	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:15pm	.090	11.		
2. Face	10:15pm	.090	12.		
3. Face	12:15pm	.090	13.		
4. Face	2:15pm	.090	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. Ret	9:00am	.090	6.		
2. Return	1:00pm	.090	7.		
3. Return	2:45pm	.090	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) Br: ul new on Roof 9:16 pm. pp: 19
Visual checked shields 1-176. Discussed dust control plan. 7:30 am

Jin Oan Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2-9 20 Section or Area Examined Long Wall
 Time of Examination: from 1:00 a.m. or p.m. to 1:35 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time A.M. 1:42 P.M.
 Report received by Richard Rane 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	CH ₄ .0%	None obs
2. Roof Support	" "	Reported
3. Track	" "	"
4. Travelways	" "	"
5. PC	" "	"
6. Chargers	" "	"
7. Barricade station	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	48,852		
#9	623		
#160	387		
MPA	8,247		
MPB	23,420		

Remarks: 0% CH₄ 20.8% O₂ 0ppm 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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Richard Rane Assistant Foreman Certificate No. 1357-A
John Lab Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-9

Shift EVE

Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	" "	" "
3. Track	" "	" "
4. Travelways	" "	" "
5. PC	" "	" "
6. Chargers	" "	" "
7. Barricade station	" "	" "
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:50 AM	.0%	6.		
2.	9:35 AM	.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) _____

Richard L...
Assistant Mine

1357-1
Certificate No.

Carl...
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-2 2007 Section or Area Examined Lowell
 Time of Examination: from 9:15 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. ... Time 10:15 a.m. 10:15 p.m.
 Report received by L.P.M. (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fence</u>	<u>none observed</u>	<u>none</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Truss</u>		
5. <u>Power cndr</u>		
6. <u>Chamber</u>		
7. <u>Bureau de Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>49057</u>		
<u>9</u>	<u>611</u>		
<u>160</u>	<u>368</u>		
<u>MPA</u>	<u>8359</u>		
<u>MPB</u>	<u>22977</u>		

Remarks: 0% chf 20.8% O₂ 0% at en

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 Richard ... Preshift-Mine Examiner Certificate No. 13577
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 37927
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-09 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Chamber</u>		
7. <u>Bureau Station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:00</u>	<u>0 %</u>	6.		
2. <u>Return</u>		<u>0 %</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-3 2009 Section or Area Examined long wall
 Time of Examination: from 3:15 a.m. or p.m. to 4:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. P.M.
 Report received by Jim O'Neil (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH₄</u> <u>none</u> <u>observed</u>	<u>none</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>0% CH₄</u>		
<u>#9</u>	<u>55,226</u>		
<u>#160</u>	<u>643</u>		
	<u>410</u>		
<u>MPA</u>	<u>8,130</u>		
<u>MPB</u>	<u>29,115</u>		

Remarks: 0% CH₄ 0% CO 208 % O₂

All 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. 38928
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 38322
 Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-69 Shift Day Area or Section Larguend

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Opcha none sub	none
2. Roof support	" "	"
3. Track	" "	"
4. Travelway	" "	"
5. P.C.	" "	"
6. Charger	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00 AM	10.90	11.		
2. Face	10:00 AM	10.90	12.		
3. Face	12:00 PM	10.90	13.		
4. Face	2:00 PM	10.90	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. Ret	8:35 AM	10.90	6.		
2. Return	12:35 PM	10.90	7.		
3. Return	3:00 PM	10.90	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) Briefed men on roof rib plan 8:12
Discussed dust control plan with crew 7:25 AM Visual check sheets 1-176.

John C. S. Assistant Mine 38327 Certificate No. Calvin Mine Foreman/Manager Tom Certificate No. Tom Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-3-9 20. Section or Area Examined Long Wall
 Time of Examination: from 1:45 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report shown to outside: Yes no
 By whom Tim Davis Time 2:45 P.M.
 Report received by Richard Rasmussen 1357A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken Reported
1. Face	None	Obs
2. Roof Support	"	"
3. Track	"	"
4. Travelways	"	"
5. PC	"	"
6. Chargers	"	"
7. Barricade Station	"	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	52,852		
#9	653		
#160	390		
MPA	8,147		
MPB	22,420		

Remarks: 0% CH₄ 20.8% O₂ Oppm 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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Richard Rasmussen Mine Manager—Mine Foreman Certificate No. 35022
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Obs	Reported
2. Roof Support	" "	"
3. Track	" "	"
4. Travelways	" "	"
5. PC	" "	"
6. Chargers	" "	"
7. Barricade station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:15 PM	0%	11.		
2.	7:15 PM	0%	12.		
3.	9:15 AM	0%	13.		
4.	11:00 AM	0 1/2%	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	5:30 PM	0%	6.		
2.	9:30 AM		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) Safety Meetings on Roof & RB

Visual check of Shields 1-175

Richardson
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3501074
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-3-09 Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 9:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:55 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.09% CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Support		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	<u>48,560</u>		
#9	<u>602</u>		
#160	<u>327</u>		
MPA	<u>8,357</u>		
MPB	<u>22,235</u>		

Remarks: 0.09% CH₄ 20.89% O₂ Oppn 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 Richard Lane Pre-shift-Mine Examiner Certificate No. 1357A
 Countersigned Keith Stanley Mine Manager-Mine Foreman Assistant Foreman Certificate No. 39218
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10/4

Shift 3-1

Area or Section we 4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Free	was obs'd	Memo
2.	supports		
3.	power center		
4.	chance		
5.	Track		
6.	Tring		
7.	Brownside station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Free	3:00	0%	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.	RT	3:35	0%	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

32927
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32927
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10/14 Section or Area Examined Long wall
 Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 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. Face	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C.		
6. Charger		
7. Barricade station		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
Intake	58,265		
#9	670		
#160	393		
MPA	8,220		
MPPB	25,019		

Remarks: 0% CH4 0% CO 2.0% O2

All 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. 38120 Assistant Foreman [Signature] Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant [Signature] Certificate No. 2804x

Indelible
Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11/1/09 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None found	None
2. Roof Support	" "	" "
3. Track	Bad rib at 68Rk.	Set 8 timbers
4. Traveling	None found	None
5. PC	" "	" "
6. Chaper	" "	" "
7. Barricade Station	" "	" "

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	9:05 AM	.070	11.		
2. Face	10:05 AM	.070	12.		
3. "	12:05 PM	.070	13.		
4. "	2:05 PM	.070	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. Ret	8:40 AM	.070	6.		
2. "	12:40 PM	.070	7.		
3. "	3:00 PM	.070	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) Briefed men on roof rib plan pg 17
Visual check shield 1-176. Discussed dust control plan. 7:35 AM

Jim Jones Assistant Mine 3832 Certificate No. [Signature] Mine Foreman-Mine Manager 350000 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-4 2009 Section or Area Examined Longwall
 Time of Examination: from 1:45 a.m. or (p.m.) to 2:25 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time AM 2:35 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
		Name Observed	Reported
1. <u>Face</u>	<u>0%</u>		<u>11</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricad Station</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____			
9. _____			
10. _____			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50,280</u>		
<u># 9</u>	<u>618</u>		
<u># 160</u>	<u>373</u>		
	<u>8,187</u>		
<u>MP A</u>	<u>22,423</u>		
<u>MP B</u>			

Remarks: 0% CH₄ 20.8% O₂ 0 ppm 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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
John Loh 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 9-4-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, and Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show methane content readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show methane content readings in return aircourses.

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

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

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

Signatures and titles: Kevin W. Medley (Assistant Mine), Certificate No. 38810; Mine Foreman-Mine Manager; Certificate No. 33000; Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-4-09 Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 6:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 11:10 P.M.
 Report received by Keith Staley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	50,490		
#9	622		
#160	353		
MPA	8,290		
MPB	2,567		

Remarks: 0.0% ch4 20.8% O2 Oppm CO at time of exam

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

Signed By Kevin W. Medley 38810 Keith Staley 39218
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Keith Staley 39218
 Mine Manager—Mine Foreman Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-5-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.0% ch ₄	None Observed
2. Roof Supports		Reported
3. Power Center		
4. Changers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Intake	3:45AM	0.0%	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	4:05AM	0.0%	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) _____

Daniel K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-5 2057 Section or Area Examined Longwall
 Time of Examination: from 3:40 a.m. or p.m. to 4:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by Jim O'Connell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0/100%</u> <u>none</u> <u>observed</u>	<u>none</u>
2. <u>Roof Support</u>		
3. <u>Tracks</u>		
4. <u>Trackway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake #9</u>	<u>54,747</u>		
<u>#160</u>	<u>621</u>		
	<u>418</u>		
<u>MPH</u>	<u>8,695</u>		
<u>MPB</u>	<u>18,303</u>		

Remarks: 0/100% 0/100% 20.8% 0.02

All 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 James H. Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Jim O'Connell Mine Manager—Mine Foreman Certificate No. 39000
 Assistant Foreman Certificate No. 38322
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-5-89 Shift Day Area or Section Long wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	None
2. Roof support		
3. Tracks		
4. Trans-lux		
5. P.C.		
6. Charger		
7. Barricade station		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	9:30	0%	6.		
2.	1:30	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) Shift meeting should move out

Roof Rib

J. O. W. Assistant Mine 38822 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-5 2009 Section or Area Examined Longwall
 Time of Examination: from 1:40 a.m. or (P.M.) to 2:20 a.m. or (P.M.)
 Was this report phoned to outside: Yes (P.M.) no _____ Time AM 2:35 P.M.
 By whom Tim Davis
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>47 800</u>	_____	_____
<u>#9</u>	<u>646</u>	_____	_____
<u>#160</u>	<u>368</u>	_____	_____
<u>MP A</u>	<u>8,340</u>	_____	_____
<u>MP B</u>	<u>22 618</u>	_____	_____

Remarks: 0% CH₄ 20.8% O₂ 0ppm 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 Tim Davis Preshift-Mine Examiner
 Countersigned Kevin W. Medley Assistant Foreman
 Certificate No. 38810
 Assistant Foreman _____
 Superintendent or Assistant _____

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

10-5-09 Shift

Eve

Area or Section

Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	None
2. Roof Supports	"	"
3. Power Center	"	"
4. Chargers	"	"
5. Truck	"	"
6. Travelway	"	"
7. Barricade Station	"	"

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00PM	0.9%	11.		
2.	7:00PM	0.9%	12.		
3.	9:00PM	0.9%	13.		
4.	11:00PM	0.9%	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	6:00PM	0.9%	6.		
2.	8:00PM	0.9%	7.		
3.	10:00PM	0.9%	8.		
4.	12:00AM	0.9%	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)

Kerwin W. Medley
Assistant Mine

38810
Certificate No.

Paul Cook
Mine Foreman-Mine Manager

35000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-5-2009 Section or Area Examined Longwall
 Time of Examination: from 9:30 a.m. or p.m. to 10:23 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 11:00 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0.07% ch ₄ None observed	Reported
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	50,227		
#9	615		
#160	384		
MPA	8,243		
MPB	21,965		

Remarks: 0.07% ch₄ 20.802 Oppm CO at time of exam

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

Signed By Kevin W. Medley 38810 Certificate No. Keith Stanley Assistant Foreman 39218 Certificate No.
 Countersigned Keith Stanley Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-6-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.07% CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	<u>12:00AM</u>	<u>0.07%</u>	11.		
2. "	<u>3:30AM</u>	<u>0.07%</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. Return	<u>12:50AM</u>	<u>0.07%</u>	6.		
2. "	<u>3:50AM</u>	<u>0.07%</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) Had fire drill at roller drive with mine rescue guys and traveled secondary escapeway out.

David K. Stealy
Assistant Mine

Certificate No.

Carl Cook
Mine Foreman-Mine Manager

330000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10/6 2007 Section or Area Examined Lamp Room
 Time of Examination: from 4:30 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>	<u>None</u>	<u>None</u>
3. <u>Track</u>	<u>None</u>	<u>None</u>
4. <u>Travel way</u>	<u>None</u>	<u>None</u>
5. <u>P.C.</u>	<u>None</u>	<u>None</u>
6. <u>Charger</u>	<u>None</u>	<u>None</u>
7. <u>Barricade Station</u>	<u>None</u>	<u>None</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>Intake</u>			
<u># 9</u>			
<u># 160</u>			
<u>MPA</u>	<u>8,471</u>		
<u>MPB</u>	<u>19,134</u>		

Remarks: 0% CH4 0% CO 20.8% O2

All 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 Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Jim Davis Mine Manager—Mine Foreman Certificate No. 38,322
 Assistant Foreman
 Superintendent or Assistant