

Started 10-7-09

# Ellis Outby - (South)

## PRESHIFT - ONSHIFT

### and

# DAILY REPORT

# Pumps

Company Performance Coal

Mine UBB

SECTION Pumps

LOCATION Naoma Raleigh WV  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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

FORM# MS-014

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-7 2009 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or 6:30 p.m. to 11:25 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Mike Bailey Time 11:25 A.M.  
 Report received by St Jm 3924 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CHK	Violation or Hazardous Condition	Action Taken
1. Em's 116, 13, 14, 19, 30	OK	NONE observed	NONE
2. 32 Seal, 37, 60, 62, 77	OK		
3. HG 17	OK		
4. 126	OK		
5. LBB	OK		
6. 1 Section	OK		
7. 2 Section	OK		
8. 3 Section	OK		
9. 4 Section	OK		
10. N Mains	OK		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

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

Mike Bailey 27085

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

Signed By Joe Stewart Certificate No. 39199  
 Preshift-Mine Examiner  
 Countersigned St Jm 3924 Assistant Foreman Certificate No. 39242  
 Mine Manager—Mine Foreman  
St Jm 15397 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-8-09 Section or Area Examined Pumps  
 Time of Examination: from 12:20 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no no no  
 By whom Gregory Out Time 5 A.M. P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. Fms 110, 13, 14, 19, 20	OK	None observed	None
2. #32 Seal, 37, 60, 62, 77	OK	None observed	None
3. HG-17	OK		
4. 126	OK		
5. L.S.O.	OK		
6. #1 Section	OK		
7. #2 Section	OK		
8. #3 Section	OK		
9. N. Mains	OK		
10.			

Air Measurements

Location

CFM

Location

CFM

Good Air Movement

Remarks: OK CH<sub>4</sub>, O<sub>2</sub>, CO, 20.8% O<sub>2</sub> detected at time of exam  
Track, travelways, power cables, D. boxes, KUS, chargers, OK at time of exam

Mike Bailey 27085 Jay Stewart 39199 [Signature] 1755-B

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. 39042 Assistant Foreman [Signature] Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant [Signature]  
[Signature] 29611 [Signature] 15307A  
[Signature] 32261 Russell Sumner 1536-A



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-8 2009 Section or Area Examined Pumps  
 Time of Examination: from 12:00 a.m. or 9:00 p.m. to 3:00 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Errey Petersen, Russell Gynno E Time A.M. 2:51 P.M.  
 Report received by Brian Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
HT 1. 77, 62, 60, 37, #32 Seal	0%	NONE observed	NONE
HT 2. HG17 Sump	0%	" "	"
IM 3. LBB 3, 4, 15	0%	" "	"
TP 4. 1 Sec	0%	" "	"
TP 5. 2 Sec	0%	" "	"
G 6. N. MAINS	0%	" "	"
JB 7. EAST MAINS 110's	0%	" "	"
JB 8. 13, 14, 19, 30	0%	" "	"
RF 9. 126 BK	0%	" "	"
10. _____			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: 0% CH4 0% Co 20.8% O2  
TRAVELWAYS, POWER BOXES FOR PUMPS, D. BOXES OK AT TOE

*Errey Petersen 29011*

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 Barley Taylor 37002 Certificate No. 37002 Assistant Foreman Jim Sawyer 32261 Certificate No. 32261  
 Countersigned Errey Petersen 35000 Mine Manager - Mine Foreman Russell Gynno E 1536A Certificate No. 1536A  
Mike Bondy 27085 Assistant Foreman Don Wiman 15391A Superintendent or Assistant  
Steve Gell 39042 Larry Stewart 39199

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-8 2009 Section or Area Examined Pumps  
 Time of Examination: from 830 a.m. or 0 p.m. to 1130 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey, Steve Lewis, James H Time 11 P.M.  
 Report received by Jack Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>77, 62, 60, 37, 32 Seal 0%</u> <u>CH<sub>4</sub></u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>HG 17</u>		
3. <u>LBB 3, 4, 15</u>		
4. <u>1 Sec</u>		
5. <u>2 Sec</u>		
6. <u>N Mains</u>		
7. <u>East Mains</u>		
8. <u>13, 14, 19, 30</u>		
9. <u>126 BK</u>		
10.		

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO 20.8% O<sub>2</sub> Detected at exam  
Track, Truway, Pumps, D-Boxes, chargers clean & etary

Mike Bailey 27085

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

Signed By Jack Stewart Certificate No. 39199  
 Preshift-Mine Examiner  
 Countersigned Steve Lewis Mine Manager—Mine Foreman  
James H Assistant Foreman  
Steve Lewis Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-9-07 20. Section or Area Examined Pumps  
Time of Examination: from 12:30 p.m. to 6:40 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brought out Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Locations include Em Nos 13, 14, 19, 30, Seal, HG-17, 126, L.D.S, #1 Section, #2 Section, #3 Section, N. main.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Content includes 'Good Air Movement'.

Remarks: ON CH4, open CO, 20-30 O2 detected at the of exn  
Track, Travelways, powerlines, D-boxes, chargers, ok at the of exn

Mike Bailey / Jay Stewart 39199

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. 39199  
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 15777  
[Signature] Assistant Foreman Certificate No. 29611  
Superintendent or Assistant [Signature] 32261

Russell Gummoe 1536-A [Signature] 32261

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-9 2009 Section or Area Examined Pumps
Time of Examination: from 12:00 a.m. or 3:00 a.m. or 3:00 p.m.
Was this report phoned to outside: Yes [checked] no
By whom IERRY PETERSON, RUSSELL GUNNICE Time AM 2:56 P.M.
Report received by [Signature] 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include HT1 #32 Seal, 37BK, HT2 60, 62, 77, H617 Sump, HT3 126, LBB Pumps 3, 4, 15, TP4 1 SEC, TP5 2 SEC, RG6 North MAINS, JB EAST MAINS 110's, JB 13, 14, 19, 30, JB 3 SEC Pumps.

10.

Air Measurements

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

Remarks: 0% CH4 0% CO 20.8% O2
TRAVELWAYS, POWER BOXES FOR PUMPS, D. BOX OK AT TOE

Signed By [Signature] 29611
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] 37002 Certificate No. 32261
Assistant Foreman [Signature] 1536-A
Superintendent or Assistant [Signature] 29080

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

stant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-9 2009 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or 00 p.m. to 11:30 a.m. or 00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike B. Tim W Time 11  A.M.  P.M.  
 Report received by Jacq Menat 39199  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>32 Seal, 37 BK 0% CH<sub>4</sub></u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>60, 62, 77, Hg 17 Sump</u>		
3. <u>126 LBB Pumps 3, 4, 15</u>		
4. <u>1 Sec</u>		
5. <u>2 Sec</u>		
6. <u>NM</u>		
7. <u>East Mains</u>		
8. <u>13, 14, 19, 30</u>		
9. <u>3 Sec Pumps</u>		
10. _____		

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> Detected at exam  
Track, Travelway, DC, D-Boxes Chargers OK at exam

Mike Bailey 22085 Jacq Menat 39199

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 Don Wilson 1539A Preshift-Mine Examiner Certificate No. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman Certificate No. \_\_\_\_\_

Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Ray Peterson 29611



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10 10 20 09 Section or Area Examined Pumps  
Time of Examination: from 3 a.m. or p.m. to 6 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
32 Seal 37 bek 0%	None Observed	Reported
60 62 77 H617 Sump	[Large bracket covering items 2-5]	
124 LAB Pumps 3 4 15		
1 Sec		
2 Sec		
NM		
EAST MAINS		
13 14 19 30		
3 Sec	None Observed	Reported

Air Measurements

Location

CFM

Location

CFM

Good Air Movement

Remarks: 0% CH<sub>4</sub> 0 CO 20.8% O<sub>2</sub>  
Track Trunkways & Pumps Chargers OK

Jay Stewart 39199

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 [Signature] Mine Manager - Mine Foreman Certificate No. 350000

[Signature] Assistant Foreman Certificate No. 15357  
Superintendent or Assistant  
[Signature] 32261 Russell Dunno 1536-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-10 2009 Section or Area Examined Pumps  
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Terry Peterson Time 2:57 A.M. P.M.  
Report received by Russell Dumme 1536-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
HT <sub>1</sub> 32 seal, 37 BRK	0%	NONE OBSERVED	NONE
HT <sub>2</sub> 60, 62, 77, HG17, 126	0%	" "	" "
HT <sub>3</sub> LBB	0%	" "	" "
4. 1 section	0%	NONE OBSERVED	NONE
5. 2 section	0%	" "	" "
16. N mains	0%	" "	" "
JB <sub>1</sub> East mains 110's	0%	" "	" "
JB <sub>2</sub> 13, 14, 19, 30	0%	" "	" "
JB <sub>3</sub> 3 section	0%	" "	" "
10.			

Air Measurements

Location

CFM

Location

CFM

Good Air movement

Remarks: 0% ch<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at time of exam  
TRACK, TRAVELWAY, D-Boxes 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 Russell Dumme  
Preshift-Mine Examiner

1536-A  
Certificate No.

Charles Taylor  
Assistant Foreman

37002  
Certificate No.

Countersigned John Bickford  
Mine Manager—Mine Foreman

John Bickford 32241  
Assistant Foreman

Assistant Foreman

Superintendent or Assistant

George Carr 27429 John Bickford 32241 John Bickford 32670

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10 20 Section or Area Examined Pumps
Time of Examination: from 8:30 a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bickford, Curry, Wick (Mc) Hutchinson Time A.M. 11:15 P.M.
Report received by Dan Allen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations like 32 seal, 37 Brk, 60, 62, 77, HGI 7, 126, LBB, 1 section, 2 section, n mains, EM 110's, 13, 14, 19, 30, 3 section.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'Good Air movement'.

Remarks: O2CH4 O2CO 2018 & 02
Track Trammelways clear
Lenni Wicklin 32670

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 Dan Allen Preshift-Mine Examiner
Countersigned John Wicklin Mine Manager-Mine Foreman
Assistant Foreman James Curry Certificate No. 153973
Assistant Foreman John Bickford Certificate No. 276119
Superintendent or Assistant 26176

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-11-09 20. Section or Area Examined Pumps  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>32 seal 37BK</u> <u>ch 4%</u>	<u>none observed</u>	<u>none</u>
2. <u>60, 62, 77, H919, 129</u>	↓	↓
3. <u>LBB</u>		
4. <u>1 section</u>		
5. <u>2 section</u>		
6. <u>N-MAINS</u>		
7. <u>EM 110'S</u>		
8. <u>13, 14, 1930</u>		
9. <u>3 section</u>		
10. _____		

Air Measurements

Location

CFM

Location

CFM

Good Air Movement

Remarks:

CO 0% ch 4% 50802  
TRACK, TRAVELWAYS, CLEAN.

Ronnie Whelan 32670

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

Signed By George Curry  
 Preshift-Mine Examiner  
 Countersigned John M. Beckford  
 Mine Manager—Mine Foreman

2429  
 Certificate No.

John M. Beckford  
 Assistant Foreman

Certificate No. 26176

Alvin Wilson  
 Assistant Foreman

29611

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-11-09 20. Section or Area Examined Pumps  
 Time of Examination: from 12:00 or 3:00 p.m. to 3:00 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
5 <sup>th</sup> Em's 110 <sup>s</sup> 13, 14, 19, 30 0% CH <sub>4</sub>	NONE OBSERVED	NONE
2 <sup>nd</sup> # 32 seals # 37, 60, 62, 77 0%	" "	"
3 <sup>rd</sup> # 126, LBB, 3 section 0%	" "	"
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Good Air Movement	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at EXAM time  
 Powercenters, D. Boxes, TRACK & TRAVELWAYS Clear T.O.E.

Signed By Scott Halstead 37567 Preshift-Mine Examiner  
 Countersigned John Bickford 26174 Mine Manager—Mine Foreman  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

George Curry 27429 John Bickford 26174



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 of Assaunt

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination: 10-11-09 Section or Area Examined: Pumps  
 Time of Examination: from 8:30 a.m. or 11:00 p.m. to 11:00 a.m. or 8:30 p.m.  
 Was this report phoned to outside: Yes  No   
 By whom: John Bickford, George Cally, Steve C. Time: 11:15 A.M. P.M.  
 Report received by: Steve Cally 1547-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. em's 110, 13, 14, 19, 30 CH <sub>4</sub> 0%	None observed	None
2. #32 section, #37, 60, 62, 71 0%	1	
3. #126, LBB, 3 section 0%		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH<sub>4</sub> 20.8 % O<sub>2</sub> 0PPM CO Detected at exqm  
Power centers D-Boxes, Tracks and Travelways clear at T.O.E.

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: John Bickford Preshift-Mine Examiner  
 Certificate No. 39042  
 Countersigned: John Cally Mine Manager—Mine Foreman  
 Assistant Foreman: John Bickford  
 Certificate No. 26116  
 Superintendent or Assistant: \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12-09 20          Section or Area Examined Pumps  
 Time of Examination: from 5:00 a.m. or p.m. to 6:30 a.m. or p.m.  
 Was this report phoned to outside: Yes          no           
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken		
1. Em 110's 13, 14, 19, 30	0%	None observed	None		
2. #32 Seal, 37, 60, 62, 77	0%				
3. HG 17	0%				
4. K.O.S.	0%				
5. 126	0%				
6. #1 Section	0%				
7. #2 Section	0%				
8. #3 Section	0%				
9. N. mains	0%				
10. <u>        </u>	<u>        </u>			<u>        </u>	<u>        </u>

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0ppm CO, 20.8% O<sub>2</sub> detected at time of exam  
Track, travelways, power centers, O-200's, kvs, chargers, ok at time of exam

Commissariat 32670

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 John H. Bailey Certificate No. 39041 Assistant Foreman  
 Countersigned John H. Bailey Certificate No. 26172  
George Curry Certificate No. 27129  
Mike Bailey Assistant Foreman Certificate No. 27085  
 Superintendent or Assistant

Tom Boyer 32061 Russell Gunnoe 1536-A partout 39199

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-12 2009 Section or Area Examined Dumps  
 Time of Examination: from 12 a.m. or 3 p.m. to 3 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike B. Russell G Time 250 P.M.  
 Report received by Jag Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken		
1. Ems 110, 13, 14, 19, 30	0%	NONE observed	NONE		
2. 32 Seal, 37, 60, 62, 77	0%				
3. HC 17	0%				
4. LBB	0%				
5. 126	0%				
6. * 1 Section	0%				
7. * 2 Section	0%				
8. * 3 Section	0%				
9. N Mains	0%				
10.					

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 20.8 O<sub>2</sub> Detected at exam  
Track, Traxway, Dumps, Powercenters, D-Bater ok at exam

Alan Gell 39042 Mike Bailey 27085

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

Signed By Jag Stewart 39199 Certificate No. 32061  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned Mike Gell 39042 Certificate No. 1536-A  
 Mine Manager - Mine Foreman  
 Assistant Foreman

George Curry 27429 Selma Buford 2617A Rennie Miller 32670  
 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) \_\_\_\_\_



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made.

Use Indelible Pencil or Ink

Date of Examination 10-12-09 20. Section or Area Examined Pumps  
 Time of Examination: from 11:20 a.m. or P.M. to 11:30 a.m. or P.M.  
 Was this report phoned to outside: Yes  no   
 By whom S. Campbell, J. Dickford, G. Curry, R. Wickline Time A.M. 11:10 P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>EM 1103, 13, 14, 17, 30</u>	<u>None observed</u>	<u>None</u>
2. <u>32 Seal, 37, 60, 62, 77</u>		
3. <u>HG 17</u>		
4. <u>L.O.D.</u>		
5. <u>126</u>		
6. <u>#1 Section</u>		
7. <u>#2 Section</u>		
8. <u>#3 Section</u>		
9. <u>N. Main</u>		
10. _____		

Air Measurements

Location

CFM

Location

CFM

Good Air Movement

Remarks: OX CH<sub>4</sub>, O<sub>2</sub> CO, 20-25% O<sub>2</sub> detected at the of exha  
trunk, Travelways, passageways, D.O.X.F.S., KURS, charges OK at TOE

Donnie Wickline 32670

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. 39042  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 26176  
[Signature] Superintendent or Assistant Certificate No. 27429

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-13-09 20 Section or Area Examined Rumpo
Time of Examination: from 12:00 a.m. or p.m. to 6:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported.

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for CH4, #1 Section, #2 Section, #3 Section, and N. Main's.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten entry 'Good Air Movement'.

Remarks: OK CH4, O2 ppm co, 20.81 O2 detected at time of exam
Track, Travelump, generator, O-3XXE, charger, OK at time of exam

Signed By Jay Stewart 39199 Rami Whittin 32670

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. 31341
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman
[Signature] Assistant Foreman
[Signature] Assistant Foreman Certificate No. 26176 27429

Russell Gummoe 1536-A Tim Boyer 3226 White Bailey 27085

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

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

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-13 2009 Section or Area Examined Pumps  
 Time of Examination: from 12 a.m. or 6 p.m. to 3 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Mike Bailey, Russel G Time 7:45 A.M. PM  
 Report received by Jacq Stewart 39199  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>JB Em 110's, 12, 14, 19, 30</u> <u>CH<sub>4</sub></u> <u>2%</u>	<u>NONE observed</u>	<u>NONE</u>
<u>SH<sub>2</sub> 32 Seal, 37, 60, 62, 77</u>	<u>None observed</u>	<u>None</u>
<u>SH<sub>3</sub> HB 17</u>		
<u>SH<sub>4</sub> LBB</u>		
<u>SH<sub>5</sub> 126</u>		
<u>6. 1 Section</u>		
<u>7. 2 Section</u>	<u>None observed</u>	<u>None</u>
<u>JB 8. 3 Section</u> <u>0%</u>		
<u>RG 9. N Main</u> <u>0%</u>		
<u>10.</u>		

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected at exam  
Track, Trawlway, D-Boxes, Changers OK at exam

Steve Gledt 39042 Mike Bailey 27085

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 Jacq Stewart 39199 Certificate No. 39199 Jim Wagner Assistant Foreman 32261 Certificate No. 37567  
 Countersigned [Signature] Mine Manager—Mine Foreman Russel G 1536-A  
 Assistant Foreman

John Bickford 26174 Superintendent or Assistant Don Miller 39199 Doyle Curry 27429

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-13-09 20 Section or Area Examined Pumps  
Time of Examination: from 6:00 a.m. or 6:00 p.m. to 11:30 a.m. or 6:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom J. Dickford Time A.M. 10:50 P.M.  
Report received by John 39042  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. Em 1105, 12, 14, 19, 30	OK	None observed	None
2. #32 seal 37, 60, 62, 77	OK	(Large bracket spanning rows 2-11)	(Large bracket spanning rows 2-11)
3. HG 17	OK		
4. 126	OK		
5. L.O.B.	OK		
6. #1 Section	OK		
7. #2 Section	OK		
8. #3 Section	OK		
9. N. Main	OK		
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: OK CH4, 0 ppm CO, 20.8% O2 detected at time of exam  
Track Travelings, power cables, O-Sexes, chargers, OK at Time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By John A. Bickford 26176 Preshift-Mine Examiner  
Countersigned John 39042 33042 Mine Manager—Mine Foreman  
John 39042 33042 Assistant Foreman  
George Curry 27429 Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

## Violations and other Hazardous Conditions Observed and Reported

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

## Examinations for Methane in Working Places

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

## Examinations for Methane in Return Aircourses

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

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

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

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

Use Indellible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-21 2009 Section or Area Examined Pumps  
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>EMs 110, 13, 14, 19, 30</u> <u>0% CH<sub>4</sub></u>	<u>none observed</u>	<u>none</u>
2. <u>32 seal, 37, 260, 22, 77</u>		
3. <u>HG 17, 126,</u>		
4. <u>LBB</u>		
5. <u>1 section</u>		
6. <u>2 section</u>	<u>Out of line</u>	
7. <u>3 section</u>		
8. <u>NO MAIN</u>		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 20.8 O<sub>2</sub>, track, travelways, poles  
AC charges clear at times of scan

Jac Stuart 39199 Johnny Neely 33472

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

Signed By George Curry 27429 Certificate No. 3711  
Preshift-Mine Examiner  
Countersigned [Signature] Mine Manager—Mine Foreman  
Assistant Foreman Steve Goff Certificate No. 3704  
John B. Buford 26176  
Assistant Foreman  
Mike Bailey 27085 Superintendent or Assistant  
Don Miller 15397A Chris Boyer 5226 Russell Gunnoc 1536-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-14-69 Section or Area Examined PUMPS  
 Time of Examination: from 12:00 or p.m. to 3:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 by whom Mike B. Russell B. Johnson Time 3:00 P.M.  
 Report received by Jim Meyer 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CHY	Violation or Hazardous Condition	Action Taken
1. Ems 110 13, 19, 14, 30	0%	None observed	None
2. 32 sect 1, 37, 60, 62, 77	0%	" "	"
3. HG 17, 126	0%	" "	"
4. LBB	0%	" "	"
5. 1 section	0%	" "	"
6. 2 section	0%	" "	"
7. 3 section	0%	None observed	None
8. N MAIN	0%	" "	"
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% chy 0% co 20.9% O2  
TRACK, TRAVELWAYS PC CHARGERS CLEAR AT TIME OF EXAM

Signed By W. Bailey 27085 Certificate No. 39199  
 Freshift-Mine Examiner  
 Countersigned Jim Meyer 32261 Assistant Foreman  
 Mine Manager—Mine Foreman  
John Bailey Superintendent or Assistant  
 Assistant Foreman  
John Bailey 33472 Superintendent or Assistant  
 Certificate No. 1536A  
1579A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-09 Section or Area Examined Pumps
Time of Examination: from 8:30 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thomas Time A.M. 11:15 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations like EM 5 110, 13, 19, 14, 300 and actions like 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'Good Air Vent'.

Remarks: 02 CH4 02 CO 20.8 202
Track Travelways PC charges Clear

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 15384 Certificate No. 39042 Assistant Foreman
Countersigned [Signature] 1479-A 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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-15-01 20. Section or Area Examined Pump  
Time of Examination: from 6:30 a.m. or p.m. to 6:30 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Drought G.A. Time          A.M.          P.M.  
Report received by           
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
<u>TP #1 Em 115, 13, 14, 19, 30</u>	<u>0%</u>	<u>None observed</u>	<u>None</u>
<u>TP #2 Seal 37, 60, 62, 77</u>	<u>0%</u>		
<u>TP HG 17</u>	<u>0%</u>		
<u>TP L.B.S.</u>	<u>0%</u>		
<u>5. 126</u>	<u>0%</u>		
<u>6. #1 Section</u>	<u>0%</u>		
<u>TP #3 Section</u>	<u>0%</u>		
<u>8. N. Main</u>	<u>0%</u>		
<u>9.</u>			
<u>10.</u>			

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0 ppm CO, 20.8% O<sub>2</sub> detected at time of exam  
Track, Travel ways, passageways, D. boxes, choppers, ok at time of exam  
Water on track going to 4 section at 110 Pump app. 5 hr at Plumby TP

Ray Peterson 29611 John 1479-A

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 John G. Galt Preshift-Mine Examiner Certificate No. 37042  
Countersigned John Galt Mine Manager-Mine Foreman Certificate No. 33000  
John Galt Assistant Foreman Certificate No. 1539A  
Johnny Neely Assistant Foreman Certificate No. 33472  
         Superintendent or Assistant

John G. Galt 26176 John Neely 32261 Russell Gummoe 1536-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-15-09 20 Section or Area Examined Pumps
Time of Examination: from 7:00 a.m. or 3:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Schwanz, N., Scott H., John B. Time 2:50 P.M.
Report received by Jim Boyner 32261 D. Brandon Beahm (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, City, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations like E.M. 110's, #19, 14, 8, #22, #30, #32 seal, #57, #13, HB 17 sump, #60, 62, 77, 126, LBB, North Main, #1 Section, #3 Section.

Air Measurements

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

Remarks:

0% CH4 0% CO2 20.8% O2 detected
track, travel ways, upper ropes safe at gun
water has been pumped off track towards 4 section.

Jim Dillman 1539A Jim 1477A

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

Signed By Jim Boyner 32261 Certificate No. 37002
Countersigned Scott Halstead 37567 Assistant Foreman
Johnny Healy 33472 Assistant Foreman

Stan Goff 39042 Amy Peterson 2960 Superintendent or Assistant
John B. Beahm 26176

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

Indelible  
Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-15 209 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 For whom Jason Thomas Time A.M. 11:15 P.M.  
 Report received by JA [Signature] 1994  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CHK	Violation or Hazardous Condition	Action Taken
1. Em's 110's 19-14-8	OK	none observed	None
2. 22 30	OK		" "
3. 32 Seal 37 13	OK		" "
4. HG 17	OK		" "
5. 60-62-77 126	OK		" "
6. LBB	OK		water on track 8 ft.
7. N. Main	OK	Rep. None observed	None
8. 1 sec.	OK	" "	" "
9. 3 sec.	OK	" "	" "
10.		" "	" "

### Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: Acc'd lect. O<sub>2</sub> 20.8 or CO<sub>2</sub>  
Tranway s. + track clear at time of exam.  
Pumps - Power Boxes - D. Boxes. Charges clear  
68 ft. at splitter LBB water around box.

Jim 1479-A

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

Signed By [Signature] 29611 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned [Signature] 32042 Assistant Foreman Certificate No.  
 Mine Manager - Mine Foreman  
[Signature] 15307  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-16-09 20 Section or Area Examined Pump
Time of Examination: from 12:00 p.m. to 6:00 p.m.
Was this report phoned to outside: Yes no
By whom Sawyer Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include locations like Em. 110's, Seal 37, 60, 62, 77, HG 17, L.B.O., 126, #1 Section, #3 Section, and N. Main's.

Air Measurements

Location CFM Location CFM

Good Air Movement

Remarks: 0% CH4, open CO, 20.8% O2 detected at time of exam. Track travelings, powerlines, D-gages, KWAs, chargers ok at time of exam. 8.5K, 1 BB-water over track - to dip to travel - pump is pumping TP.

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] 39044 Certificate No. Assistant Foreman
Countersigned: [Signature] 39044 Certificate No. 1477A K-39M Assistant Foreman

John Beckford 26174 Jim Duggan 32261 Superintendent or Assistant John Neely 33472



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-16-09 20. Section or Area Examined Pumps  
Time of Examination: from 7:00 a.m. or 3:00 p.m. to 3:00 a.m. or p.m.  
Was this report phoned to outside: Yes  No   
By whom John B. Johnson N. Scott H. Time 2:55 A.M. P.M.  
Report received by George Curry 27429 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>EM 1105, #14, 8, 22, 19</u> <u>CH</u> <u>0%</u>	<u>None observed</u>	<u>None</u>
2. <u>#32 seal #37</u> <u>0%</u>	<u>" "</u>	<u>"</u>
HT <u>AG 17</u> <u>0%</u>	<u>" "</u>	<u>"</u>
HT <u>LBB pump #3</u> <u>0%</u>	<u>Pump down. See Remarks</u>	
HT <u>60, 62, 77, 126</u> <u>0%</u>	<u>None observed</u>	<u>None</u>
6. <u>#1 Section</u> <u>0%</u>	<u>" "</u>	<u>"</u>
7. <u>#3 Section</u> <u>0%</u>	<u>" "</u>	<u>"</u>
8. <u>N. Main</u> <u>JAB</u> <u>0%</u>	<u>" "</u>	<u>"</u>
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH, 0% CO 20.8% O2 detected  
track, travelways, power lines safe at exam except LBB  
LBB #3 pump down reported to elect John mentioned H 7  
water across track, track danger

Mike Bailey 27085 John Johnson 15788

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 John Bauger 32261 Harley Taylor 37002  
Preshift-Mine Examiner Certificate No. Assistant Foreman  
Countersigned John Bauger 32261 George Curry 27429  
Mine Manager - Mine Foreman  
John B. Johnson 29611 John B. Johnson 26176  
Assistant Foreman  
Ray Stewart 39199 John B. Johnson 33472  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-16 20-9 Section or Area Examined Pumps
Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Location 'Eun's 110's 14-8-22-19', Violation 'none Observed', Action 'none'. Other rows are blank.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Location 'good air movement', CFM blank. Other rows are blank.

Remarks: NoCH4 det, O2 20.50% CO2 0.02%
Grandways & track clear at time of exam
Pumps - D. Boxes, - Charson Plc's clear.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jack Stewart Preshift-Mine Examiner Certificate No. 39199
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman
Dlen Ullman Assistant Foreman Certificate No. 18804

Johns. Bickford 26176 John J. Neely 33472
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-17 20 9 Section or Area Examined Pumps
Time of Examination: from 3:00 a.m. or p.m. to 3:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom bought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Em's 110's 14-8-22-19, none observed, none. Rows 2-10: 25 seal 32 37, 25 HG 17, 25 LBB AP AP, 25 60-62-77-126, 6. #1 Sec, 7. 3 Sec, 8. MBN Main.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: good air movement.

Remarks: No CH4 det. 0% 20.802 CO 0%
Track & travelways clear
P/C's - D, Boxes - charges clear at time of exam

Don Wilson 15999 Jag Stuart 39199 Mike Bailey 27085

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] 29617 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 Shift Area or Section

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

Action taken

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

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Rows 1-10.

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

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

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





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.

Supervisor or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-17-09 20 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or 9:00 p.m. to 11:30 a.m. or 12:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Baily Time 1:00 A.M. P.M.  
 Report received by [Signature]  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>EMS 110 S 13, 14</u>	<u>none observed</u>	<u>none</u>
2. <u>19, 30, 32 Sat, H6 17</u>	/	/
3. <u>57, 60, 62, 77, 126</u>		
4. <u>1 section</u>		
5. <u>2 section</u>		
6. <u>3 section</u>		
7. <u>4 section</u>		
8. <u>LBB</u>		
9. <u>M mans</u>		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>Good Airman</u>			

Remarks: O2 24 O2 CO 20.8202  
PC, Chargers, Track and Travelways clear

Mike Baily 27085  
Joey Stewart 39199 Kenny Thompson 1689A

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] 1938 Assistant Foreman Certificate No. 33472  
 Countersigned [Signature] Mine Manager - Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

John A. Bickel 21176

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift 9 Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-18-09 20 Section or Area Examined Pumps  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110's, 13, 14, 19, 30, 02 ch4</u>	<u>none observed</u>	<u>none</u>
2. <u>32 seal 37, 60, 62 02 ch4</u>	/	/
3. <u>77, 129, LBB 02 ch4</u>		
4. <u>1 sec. 02 ch4</u>		
5. <u>2 sec. 02 ch4</u>		
6. <u>3 sec 02 ch4</u>		
7. <u>AMAINS 02 ch4</u>		
8. _____		
9. _____		
10. _____		

## Air Measurements

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

Remarks: 02 ch4 02 CO 20.8202  
PC'S, Charges, Trachery - clear.  
60, 62 BK Pumps no power on Pumps

Log Sheet 39199 Mth. Bailey 27085

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. 15394  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 37060  
 Assistant Foreman  
 Superintendent or Assistant

D. Martin 31688

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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



Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-18 Section or Area Examined Pumps  
 Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 300 p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Beckford Time 208 A.M. P.M.  
 Report received by George Curry 27429 (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
GEM 1. ENTS 11, 13, 14, 19, 30 of CH <sub>4</sub>	None observed	None
2. 32 seal, 37, 60, 62		
3. 77, 129, LBB		
4. 1 sec		
5. 2 sec		
GEM 6. 3 sec		
IN 7. 10 MAINS		
LM 8. 4 SECTION		
9.		
10.		

## Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> tracks travelways  
clear at time of exam

Jack Stewart

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

Signed By George Curry 27429 Certificate No.  
 Countersigned John Beckford 33000 Assistant Foreman  
John Nelly 33472 Assistant Foreman

Gene Martin 31688 Superintendent or Assistant  
Chryl... 29001 15318



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-18 2009 Section or Area Examined Pumps  
 Time of Examination: from 830 a.m. or 9 p.m. to 1130 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Glen Y. Terry P Time          A.M.          P.M.  
 Report received by Jag Stewart 39199  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>EM's 110, 13, 14, 19, 30 0%CH<sub>4</sub></u>	<u>N/D</u>	<u>NONE</u>
2. <u>32 Seal, 37</u>		
3. <u>77, 129, LBB</u>		
4. <u>1 Sec</u>		
5. <u>2 Sec</u>		
6. <u>3 Sec</u>		
7. <u>N Mains</u>		
8. <u>4 Section</u>		
9. <u>        </u>		
10. <u>        </u>		

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 20.89 O<sub>2</sub> Detected at exam  
Track, Travelway clean at exam

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

Signed By Jag Stewart 29611  
 Preshift-Mine Examiner Certificate No. 39199

Countersigned Glen Y. Terry P Assistant Foreman Certificate No. 1579A  
 Mine Manager—Mine Foreman

         Assistant Foreman  
         Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-19-09 20. Section or Area Examined Pumps  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Em's 110, 13, 14, 19, 30	0% CH <sub>4</sub>	NONE
2. 32 Seal 37	[Large bracketed scribble]	[Large bracketed scribble]
3. 77, 129 LBB		
4. 1 Sec		
5. 2 Sec		
6. 3 Sec		
7. N Mains		
8. 4 Sec		
9.		
10.		

## Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected at exam,  
Track and Travelway clear at exam.

Signed By Jay Street 39199 Preshift-Mine Examiner  
 Certificate No. 15598  
 Assistant Foreman George Curry Certificate No. 27429  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Certificate No. 290622  
 Assistant Foreman \_\_\_\_\_

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.

Superintendent or Assistant \_\_\_\_\_  
 Certificate No. 33972

To: Guyan 32261 Russell Dimmock 1536A John H. Macky

Indefinite  
Ball or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine \_\_\_\_\_

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager \_\_\_\_\_

Certificate No. \_\_\_\_\_

Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19 2009 Section or Area Examined Ramps  
Time of Examination: from 1200 a.m. or (p.m) to 300 a.m. or (p.m)  
Was this report phoned to outside: Yes no  
By whom J. Weeley, R. Curry Time A.M 245 P.M.  
Report received by George Curry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. EMs 110, 13, 14, 19, 30 0% CH <sub>4</sub>	none observed	none
2. 32 sec, 37		
3. 77, 129 LBB		
SH 1 sec		
5. 2 sec		
JB 6. 3 sec	None observed	None
RG 7. 10 MAINS		
8. 4 sec		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Soad Air Movement			

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> - tracks / travelways clear at time of exam

Item 39042 Log # 39199

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. 32341 Scott Habstad Assistant Foreman Certificate No. 37567  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 27429  
[Signature] Assistant Foreman Certificate No. 1536-A  
[Signature] Superintendent or Assistant Certificate No. 33472  
[Signature] 27085



Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-19 209 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom John Stewart Time A.M. 11:10 P.M.  
 Report received by Mike Bailey  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110's 13-14-19-30</u>	<u>NOCHU</u>	<u>none observed</u>
2. <u>32 seal 37</u>		
3. <u>HE17 129 LBB</u>		
4. <u>1 sec</u>		
5. <u>2 sec</u>		
6. <u>3 sec</u>		
7. <u>N. Main</u>		
8. <u>4 sec</u>		
9.		
10.		

Air Measurements

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

Remarks: NOCHU decl. O<sub>2</sub> 20.802 CO 0%  
trunkways & track clear at time of exam  
P/C's - D. Boxes - Chargers - pumps clear

John Stewart 39199 Mike Bailey 27085

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 John Stewart Preshift-Mine Examiner Certificate No. 2964  
 Countersigned Mike Bailey Mine Manager—Mine Foreman Assistant Foreman Certificate No. 3904  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-20-09 20. Section or Area Examined Pumps  
 Time of Examination: from 4:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
TR. Em 1103, 13, 14, 19, 30 <sup>CH4</sup> 0.86	None observed	None
TR. #32 Seal 37, 60, 62, 77	[Large vertical scribble]	[Large vertical scribble]
TR. L-3-3		
HP HG-17		
5. 126		
6. #1 Section		
7. #3 Section		
8. #4 Section		
M.B. N. Main		
TR. LBB		

#### Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: OK CH4, open co, 20% of detectors at time of exam  
Tracy, Travelways, power cables, D-boxes, keys, managers etc. at time of exam

Ray Peterson 20011 Mike Bailey 27085

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. 39042  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39042  
 Assistant Foreman Certificate No. \_\_\_\_\_

Johns Neely 32261 33472 Russell Dinnoc 1536A  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-20 Section or Area Examined Pumps  
 Time of Examination: from 100 a.m. or 0 p.m. to 400 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no Time      A.M.      P.M.  
 By whom       
 Report received by      (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>EM 1, 10, 13, 14, 19 - 30% CH<sub>4</sub></u>	<u>none observed</u>	<u>none</u>
2. <u>32 sec's 37</u>	<u> </u>	<u> </u>
3. <u>HG 17 129 LBB</u>	<u> </u>	<u> </u>
4. <u>3 sec</u>	<u> </u>	<u> </u>
5. <u>4 sec</u>	<u> </u>	<u> </u>
6. <u>    </u>	<u>    </u>	<u>    </u>
7. <u>    </u>	<u>    </u>	<u>    </u>
8. <u>    </u>	<u>    </u>	<u>    </u>
9. <u>    </u>	<u>    </u>	<u>    </u>
10. <u>    </u>	<u>    </u>	<u>    </u>

## Air Measurements

Location	CFM	Location	CFM
<u>Level Air Movement</u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> tracks, travelways clear  
at time of exam

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

Signed By George Curry  
 Preshift-Mine Examiner  
 Countersigned [Signature]  
 Mine Manager—Mine Foreman

27479  
 Certificate No.  
33066

Jim Sawyer  
 Assistant Foreman

32061  
 Certificate No.

Assistant Foreman

Miss Oct 1967-A

[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 10-20 209 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ 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>EMs, 110, 13, 14, 19-30</u>	<u>None observed</u>	
2.	<u>32 seals 37</u>	<u>None observed</u>	
3.	<u>HG17 129 LBB</u>	<u>None observed</u>	
4.	<u>3 sec</u>	<u>None observed</u>	<u>None</u>
5.	<u>4 sec</u>		
6.			
7.			
8.			
9.			
10.			

### Air Measurements

CFM

Location

CFM

Good Air movement

Remarks: 0% CH4 - 0% CO - 20.4% O2 Track Travel ways clear At Time of exam

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

Signed By [Signature] Preshift-Mine Examiner  
 Certificate No. 9147A  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman [Signature] Assistant Foreman  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21 2009 Section or Area Examined Pumps  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>TP Em's, 110, 13, 14, 19-30</u>	<u>None observed</u>	<u>None</u>
2. <u>GC 32 seals 37</u>	<u>None</u>	<u>None</u>
3. <u>GC HG17 1209 LBB</u>	<u>None</u>	<u>None</u>
4. <u>TP 3 sec</u>	<u>None</u>	<u>None</u>
5. <u>GC 4 sec</u>	<u>None</u>	<u>None</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

Remarks: 0% CH4 0ppmCO 20.8% O2 Track Travel ways clear At Time of Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 29011  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 350000  
 Assistant Foreman [Signature] Certificate No. 1947-A  
 Superintendent or Assistant [Signature]

George Curry 27429 Tom Sawyer 30561

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-21 Section or Area Examined Pumps  
 Time of Examination: from 7:00 a.m. or 6:00 to 4:00 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no X  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations or Hazardous Condition	Action Taken
GC 1. EMS, 110, 134, 19, 30	0% CH <sub>4</sub> none observed	None
GC 2. 32 seals 37	[Large bracket]	[Large bracket]
GC 3. HB17, 129, LBB		
GC 4. 3 sec		
GC 5. 4 Sec (110 pump)		
HT 6. 77, 126	NONE OBSERVED	NONE
7. LBB #3	down	Damaged off track (water over track)
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> - tracks; travelways clear  
 Reported LBB #3 pump down to John Hendine (H.T.)

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

Signed By George Curry 27429 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Ash Foster 29734 Mine Manager - Mine Foreman  
Ray Peterson 29661 Assistant Foreman  
Jim Sawyer 35264 Assistant Foreman  
Charley Taylor 37582  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-21 209 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no No X  
 By whom Bought outside Time          A.M.          P.M.  
 Report received by          (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110's 13-14-19-30</u> <sup>CH<sub>4</sub></sup>	<u>none observed</u>	<u>Rep</u>
2. <u>32 seal 37</u>		
3. <u>AG 17-129</u>		
4. <u>TP h BB</u>	<u>water on track Bk. 3</u>	<u>Dangred off</u>
5. <u>39 sec 110's</u>	<u>none observed</u>	<u>Rep</u>
6. <u>TP h k. sec</u>		
7. <u>        </u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

#### Air Measurements

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

Remarks: No CH<sub>4</sub> det. O<sub>2</sub> 20.8% CO<sub>2</sub>  
Travel ways & track clear at time of exam  
P/C's D. Boxes - Chargin - Pumps, clear  
Pump down at 3 Bk. LBB - Track water Dangred off TP

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

Signed By [Signature] 29011  
 Preshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 28236  
 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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-22 209 Section or Area Examined Pumps  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom brought out side 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>TD Cn's 110's 13-14-19-30</u>	<u>none observed</u>	<u>Ken</u>
2. <u>TD 32 seal 37</u>	<u> </u>	<u> </u>
3. <u>TD HG 17 - 129 sc</u>	<u> </u>	<u> </u>
4. <u>TD LBB</u>	<u>not travel threw water on track Bk. 3</u>	<u>Rep. Dangerous off</u>
5. <u>TD 3 sec, 110's 480s</u>	<u>none observed</u>	<u>Ken</u>
6. <u>77 bk. sc</u>	<u> </u>	<u> </u>
7. <u>---</u>	<u>---</u>	<u>---</u>
8. <u>---</u>	<u>---</u>	<u>---</u>
9. <u>---</u>	<u>---</u>	<u>---</u>
10. <u>---</u>	<u>---</u>	<u>---</u>

#### Air Measurements

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

Remarks: Moist duct 0% 20.502 COO%  
Pumps, PC's D. Boxes - Charcoal clear  
Track & tramways clear at exam. except at LBB Bk. 3  
water on track (Pump down)

Jay Stewart 39199  
 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. 20611  
 Countersigned (Signature) Mine Manager - Mine Foreman Certificate No. 28734  
 Assistant Foreman  
 Superintendent or Assistant

Jim Dwyer 32261

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-22-09 20. Section or Area Examined Pumps (South)  
 Time of Examination: from 7:00 or p.m. to 3:00 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
<u>JB, LS</u> 1. <u>EM 110's, #13, 14, 8, 30</u>	<u>0% None observed</u>	<u>None</u>
2. <u>#19 Bk pump out of service (locked out)</u>		
3. <u>#32 seal pump</u>	<u>0% None observed</u>	<u>None</u>
4. <u>#37 pump</u>	<u>0% Pump down Reported to John Henline &amp; Tom Shurt</u>	
5. <u>#60, 62, 77, 126</u>	<u>0% None observed</u>	<u>None</u>
6. <u>#17</u>	<u>0% None observed</u>	<u>None</u>
7. <u>YBB</u>	<u>0% water deep over track (pump down) 3 Bk</u>	<u>Rep, track damaged off Reported to elect John Henline</u>
8. _____		
9. _____		
10. _____		

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> detected  
track (except for 3 Bk YBB), travel ways, same as before  
safe at exam

Jay Stewart 39199

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] 32261 Assistant Foreman Certificate No.  
 Countersigned [Signature] 28734 Mine Manager - Mine Foreman Certificate No.  
[Signature] 29611 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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22 20... 9 Section or Area Examined Pumps
Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by (Signed) Time A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries such as 'Em's 110's 13-14-8-30 none observed', '19 Pnk. out of service (lockout)', '32 Seal none observed', '37', '60-62-77-126', 'HG 17', 'LBB water over track (see remark)'. Includes a handwritten '0% CH4' in the left margin.

Air Measurements

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

Remarks: 0% CH4 ded. 20.802 000%
Pumps - e/c. D boxes - charger clean
Tranclways & track clean at time of exam.
LBB. water over track Bk. 3 - Pump King charger out
Dangard off at track 10

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

Signed By [Signature] Certificate No. 29611
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 29736
Assistant Foreman [Signature] Certificate No. 29542
Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 20 9 Section or Area Examined Pumps
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations like 'TP Ems' 110' 13-14-8-30' and violations like 'water over track at 3 blk.'.

Air Measurements

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

Remarks: No CH4 detected. O2 20.5% CO2 0%
Track & handways clear at time of exam
P/C's - D. Boxes. Charges Pumps clear at exam
Blk. 8 Pump down at sump. track is Dangerous off.

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. 29011 Assistant Foreman [Signature] Certificate No. 32261
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Handwritten signature and number 32261

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-23 2009 Section or Area Examined Pumps  
 Time of Examination: from 7:00 a.m. or p.m. to 3:00 a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
HT <sub>1</sub> #32 Sent, 37 BK	0%	NONE OBSERVED	NONE
HT <sub>2</sub> 60, 62, HG 17 Sump	0%	" "	"
HT <sub>3</sub> 77, 126	0%	" "	"
JB <sub>4</sub> EAST MAINS 110'S	0%	" "	"
JB <sub>5</sub> 13, 14, 8, 30	0%	" "	"
6. _____			
7. _____			
8. _____			
9. LBB Pump # 3 BK		Not Pumping	Reported
10. _____		TRACK DANGERED OFF AT 3 BK	(WATER OVER TRACK)

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
TRAVELWAYS, POWER BOXES, D. BOXES OK AT TOE

John Miller 1579A Jack Stewart 39199  
 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 Harley Taylor 37002 Jim Boyer 32221  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Frank Taylor 25226 John H. Beckford 26172  
Mine Manager - Mine Foreman Assistant Foreman  
 Assistant Foreman Superintendent or Assistant

John Cole 1947-A

Use Indelible  
Penell or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 2009 Section or Area Examined Dumps "South"

Time of Examination: from 830 a.m. or 9 a.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for 32 Seal, 37 BK of CH4, 60, 62, H&B 17 Sump, 77, 126, EM's 110's, 13, 14, 8, 30, LBB Pump.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entry for Good Air Movement.

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at exam Track, Trunkway, PIC, Boxes OK at exam

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

Signed By Jay Stewart Preshift-Mine Examiner

39199 Certificate No.

Assistant Foreman

Certificate No. 1847-A

Countersigned Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-24 2009 Section or Area Examined Pumps "South"  
 Time of Examination: from 3 o. or p.m. to 6 o. 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>32 Scal, 37 BK</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>60, 62, HG17 Jump</u>		
3. <u>77, 126</u>		
4. <u>Em's 110's</u>		
5. <u>13, 14, 8, 30</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at etam  
Track, Trawlway, PC, Boxes OK at etam

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 Joy Stewart 39199 Assistant Foreman  
 Certificate No. 1947-A  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman [Signature] Superintendent or Assistant

Curran 27429 [Signature] 32261