

AIRWAY BOOK FOR PRIMARY  
ESCAPEWAY

# PRESHIFT - ONSHIFT and

## DAILY REPORT

STARTED 4-20-09

FULL 3-25-10

Company PERFORMANCE COAL CO

Mine UBB

SECTION \_\_\_\_\_

LOCATION NAOMI RALEIGH WVA  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT MINE EXAMINER'S REPORT  
Week Ending 4-18-09  
4-18-09

Report shall be signed when made

Date of Examination \_\_\_\_\_ 2009 Section or Area Examined Primary Escape ways  
Time of Examination: from 6:30 a.m. or p.m. to 4:00 a.m. or p.m.  
Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
By whom Brought out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 4-14-09	WALKED PRIMARY ESCAPEWAY FROM 2 sect FACE TO 5 BK MAIN	CS 31292
2. 4-15-09	WALKED PRIMARY ESCAPEWAY FROM 1 sect FACE TO 8 BK MAIN	G-M 37222
3. _____	_____	_____
4. 4-16-09	WALKED PRIMARY ESCAPEWAY FROM 5 BK TO Ellis split	CS 31292
5. 4-17-09	WALKED PRIMARY ESCAPEWAY FROM Ellis punchout to Ellis split	CS 31292
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0.8 ch 0.70 co 20.8% O2

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

Signed By Charles Lemoine Certificate No. 31292  
Assistant Foreman  
Countersigned [Signature] Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent

Use Indelible Pencil or Ink

PRESHIFT MINE EXAMINER'S REPORT  
WEEK ENDING 4-23-09

Report shall be signed when made

Date of Examination 4-21-09 Section or Area Examined PRIMARY ESCAPEWAY

Time of Examination: from 6:30 a.m. or p.m. to 7:00 a.m. or p.m.

Was this report phoned to outside: Yes  no

By whom BROUGHT OUT Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
4-21-09	WALKED PRIMARY ESCAPEWAY ON 2 sect FROM FACE TO 5 BKN MAINS	CS 31292
4-22-09	WALKED PRIMARY ESCAPEWAY ON 1 section FROM FACE TO 8 BKN MAINS	CS 31292
4-22-09	TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FROM FAN TO SECTION (HT) 37002	
4-23-09	TRAVELED PRIMARY ESCAPEWAY FROM 5 BKN MAINS TO ELLIS SPLIT	CS 31292
4-22-09	TRAVELED primary escapeway from outside to section R.P.F. FAN TOS, BB.	
4-21-09	TRAVELED primary escapeway from section to outside R.P.F. 3rd Int. BB.	
4-24-09	WALKED FROM ELLIS PUNCHOUT TO ELLIS SPLIT PRIMARY ESCAPEWAY	CS 31292
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: 0% ch4 - 0% CO 20.8% O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1952 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Charles Samenske 31292  
Freshly Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned J. M. 3722  
Mine Manager - Mine Foreman Assistant Foreman

Superintendent or Assistant

R. Post 28732

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Week ending 4-30-09

Date of Examination 4-28-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:30 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BROUGHT OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 4-28-09 WALKED PRIMARY ESCAPEWAY ON 2 SECT INTAKE FROM FACE TO 5 BK N. MAINS CS 31292
2. 4-29-09 TRAVELED PRIMARY ESCAPEWAY FROM 4 SECTION TO OUTSIDE. R. FOSTER & G. PINEY 28736
3. 4-29-09 TRAVELED PRIMARY ESCAPEWAY FROM FACE OF 1 SECT TO 8 BK N. MAINS CS 31292
4. 4-29-09 TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FROM FAN TO SECTION (HT) 37002
5. 5-1-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO ELLIS SPLIT CS 31292
6. 5-1-09 TRAVELED PRIMARY ESCAPEWAY FROM ELLIS PUNCHOUT TO ELLIS SPLIT CS 31292

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple rows for recording air measurement data.

Remarks: 0% ch4 0% CO 20.8% O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Charles Semenski 31292 Certificate No.
Countersigned Mine Manager-Mine Foreman Assistant Foreman Harley Taylor 37002 Certificate No.
Superintendent or Assistant

Rock Hole 28736

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

<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**

Use Indelible Pencil or Ink

Report shall be signed when made

*Week ending 5-9*

Date of Examination \_\_\_\_\_ 20 *09* Section or Area Examined *Primary Escapeway*

Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.

Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_

By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Report received by \_\_\_\_\_

(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<i>5-6-09</i>	<i>Traveled primary escapeway from 4 section to outside R. Zebra</i>	<i>2 5736</i>
<i>5-6-09</i>	<i>TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FROM FANTO SECTION (HT)</i>	<i>37002</i>
<i>5-5-09</i>	<i>TRAVELED PRIMARY ESCAPEWAY OF #2 SECTION INTAKE FROM FACE TO 5BK SH</i>	<i>37567</i>
<i>5-6-09</i>	<i>TRAVELED PRIMARY ESCAPEWAY OF #1 SECTION INTAKE FROM FACE TO 81BK MAIN INTAKE</i>	<i>SH 37567</i>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signed By \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_

Countersigned *[Signature]* Mine Manager - Mine Foreman *37002* *Harley Taylor* *37002*

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

*Risk Zebra 28736*



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**  
**WEEK ENDING 5-16-09**

Report shall be signed when made

Date of Examination 5-12 2009 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 600 a.m. or 400 p.m. to am  
Was this report phoned to outside: Yes  no   
By whom CARRIED OUT Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

**Violations and other Hazardous Conditions Observed and Reported**

Location	Violation or Hazardous Condition	Action Taken
1. <u>5-12-09</u>	<u>WALKED PRIMARY ESCAPEWAY FROM FACE OF 2 SECT TO SBK N MAINS</u>	<u>CS 31292</u>
2. <u>5-13-09</u>	<u>WALKED PRIMARY ESCAPEWAY FROM 1 SECT TO WHERE IT HOOKS IN ON 2 SECTION PRIMARY ESCAPEWAY</u>	
3. <u>ON 2 SECTION PRIMARY ESCAPEWAY</u>		
4. <u>5-13-09</u>	<u>TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FROM FAN TO SECTION (HT) 37002</u>	
5. <u>5-14-09</u>	<u>TRAVELED PRIMARY ESCAPEWAY FROM SBK TO ELLIS SPLIT CS 31292</u>	
6. <u>5-13-09</u>	<u>TRAVELED PRIMARY ESCAPEWAY FROM 4 SECTION TO OUTSIDE A. FOSTER</u>	<u>2875</u>
7. <u>5-15-09</u>	<u>TRAVELED PRIMARY ESCAPEWAY FROM ELLIS PUNCHOUT TO ELLIS SPLIT CS 31292</u>	
8. <u>SPLIT CS 31292</u>		
9. _____		
10. _____		

**Air Measurements**

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

Remarks: 0% CH4 0% CO 20.8% O2

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

Signed By Charles Semanick 31292  
Preshift Mine Examiner Certificate No.

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

[Signature]  
Assistant Foreman

[Signature] 2873L  
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 5-19-09 2009 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination: from 6:00 a.m. or p.m. to 7:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom CARRIED OUT Time          A.M.          P.M.  
 Report received by           
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 5-19-09	WALKED PRIMARY ESCAPEWAY FROM 2 SECTION FACE TO 5BK N. MAINS	
2. 5-20-09	TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FROM FAN TO SECTION (HT) 37002	
3. 5-20-09	TRAVELED PRIMARY ESCAPEWAY FROM /S&T TO WHERE 1 <sup>ST</sup> SECT CONNECTS <sup>CS</sup> 31292	
4. 5-21-09	TRAVELED PRIMARY ESCAPEWAY FROM 5BK N. MAINS TO ELLIS SPLIT <sup>CS</sup> 31292	
5. 5-20-09	TRAVELED ESCAPEWAY (4 SECTION) (PRIMARY) FROM DOXUT TO OUTSIDE <sup>R.F.</sup> 28736	
6. 5-21-09	TRAVELED PRIMARY ESCAPEWAY FROM ELLIS PUNCHOUT TO ELLIS SPLIT <sup>CS</sup> 31292	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: 070 ch 070 co 20.87702

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 Charles Beards 31292 Harley Taylor 37002  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Mike... 37222           
 Mine Manager - Mine Foreman Assistant Foreman  
Rick Foster 28736  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Examinations for Methane in Working Places

Location Time Methane Content Location Time Methane Content

- 1. \_\_\_\_\_ 11. \_\_\_\_\_
2. \_\_\_\_\_ 12. \_\_\_\_\_
3. \_\_\_\_\_ 13. \_\_\_\_\_
4. \_\_\_\_\_ 14. \_\_\_\_\_
5. \_\_\_\_\_ 15. \_\_\_\_\_
6. \_\_\_\_\_ 16. \_\_\_\_\_
7. \_\_\_\_\_ 17. \_\_\_\_\_
8. \_\_\_\_\_ 18. \_\_\_\_\_
9. \_\_\_\_\_ 19. \_\_\_\_\_
10. \_\_\_\_\_ 20. \_\_\_\_\_

Examinations for Methane in Return Aircourses

Location Time Methane Content Location Time Methane Content

- 1. \_\_\_\_\_ 6. \_\_\_\_\_
2. \_\_\_\_\_ 7. \_\_\_\_\_
3. \_\_\_\_\_ 8. \_\_\_\_\_
4. \_\_\_\_\_ 9. \_\_\_\_\_
5. \_\_\_\_\_ 10. \_\_\_\_\_

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 5-26-09 Section or Area Examined Primary Escapeway
Time of Examination: from 8:00 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 5-26-09 TRAVELED PRIMARY ESCAPEWAY FROM FACE OF 1 SECTION TO 5BK N. MAINS CS31292
2. 5-27-09 TRAVELED PRIMARY ESCAPEWAY FOR MEN WORK IN 1 SECTION INTAKE FOR LONGWALL CS31292
3. 5-27-09 TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT)
4. 5-28-09 TRAVELED PRIMARY ESCAPEWAY FROM 5BK N. MAINS TO INTAKE split 67BK N. MAINS CS31292
5. 5-29-09 TRAVELED PRIMARY ESCAPEWAY FROM ELLIS punchout TO 67BK CS31292
6. ELLIS split 4431292
7. 5-26-09 TRAVELED PRIMARY ESCAPEWAY FROM 4 SECT. TO OUTSIDE R.F. 28236

Table with 4 columns: Location, Air Measurements, Location, CFM. The table is mostly empty with dashed lines for data entry.

Remarks: 070ch 070co 20.8702

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 unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Charles Sorenson 31292 Certificate No.
Countersigned Mine Manager - Mine Foreman Assistant Foreman
Superintendent or Assistant

Rec'd from 28236

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 6-2-09 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brought out Time          A.M.          P.M.  
Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

- | Location           | Violation or Hazardous Condition   | Action Taken    |
|--------------------|--|-----------------|
| 1. 6-2-09          | TRAVELED PRIMARY ESCAPEWAY FROM FACE OF 1 SECTION TO                     |                 |
| 2. 5 BK            | NORTH MAINS  |                 |
| 3. 6-3-09          | TRAVELED PRIMARY ESCAPEWAY FROM LONGWALL FACE TO MOUTH                   |                 |
| 4. OF SECT 8       | 1 BK N. MAINS  |                 |
| 5. 6-3-09          | TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT)        |                 |
| 6. 6-4-09          | TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N. MAINS TO ELLIS SPLIT             |                 |
| 7. 67 BK           |  |                 |
| 8. 6-5-09          | TRAVELED PRIMARY ESCAPEWAY FROM ELLIS PUNCHOUT TO ELLIS SPLIT 67 BK 7100 |                 |
| 9. <u>        </u> | <u>        </u>  | <u>        </u> |
| 10. 6-2-09         | TRAVELED PRIMARY ESCAPEWAY FROM 4 SECTION TO OUTSIDE R. JATER 28236      |                 |

Air Measurements

Location

CFM

Location

CFM

Remarks: 0% CH4 0% CO2 20.8% O2

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

Signed By Charles Semmler Preshift-Mine Examiner Certificate No. 31292  
 Countersigned Harley Taylor Assistant Foreman Certificate No. 37002  
         Mine Manager - Mine Foreman  
         Assistant Foreman

Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 6-9-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARLIE Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 6-9-09 WALKED PRIMARY ESCAPEWAY FROM FACE OF SECTION TO 5BK N. MAINS C531292
2. 6-10-09 TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FACE TO SECTION (HT)
3. 6-10-09 TRAVELED PRIMARY ESCAPEWAY ON LONG WALL SETUP FROM OVERCAST TO 81BK AT AIRLOCK DOORS C531292
4. 6-11-09 TRAVELED PRIMARY ESCAPEWAY FROM 5BK N. MAINS TO ELLIS INTAKE SPLIT S
5. 6-12-09 TRAVELED ELLIS PRIMARY ESCAPEWAY FROM ELLIS PUNCHOST TO ELLIS SPLIT AT 67BK

Table with 4 columns: Location, Air Measurements CFM, Location, CFM. The table is mostly empty with dashed lines for data entry.

Remarks: 20.8% O2 CH4 0.9% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By: Charles Lewis, Preshift-Mine Examiner, Certificate No. 31292
Countersigned: [Signature], Manager-Mine Foreman, Assistant Foreman, Certificate No. 37002
Harley Taylor, Assistant Foreman, Certificate No. 37002
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 6-15 2009 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom CARRIED OUT Time          A.M.          P.M.  
Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 6-16-09	TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION TO 5 BK NORTH MAINS CS	
2. 6-17-09	TRAVELED PRIMARY ESCAPEWAY FROM HEADGATE ON LONG WALL TO 81 BK N MAINS	
3. 6-17-09	TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT)	
4. 6-16-09	TRAVELED PRIMARY ESCAPEWAY FROM 4 SECTION TO OUTSIDE. P.F. 28236	
5. 6-19-09	TRAVELED PRIMARY ESCAPEWAY FROM #5 BK TO 66 BK MAIN INTAKE CS	
6. 6-19-09	TRAVELED PRIMARY ESCAPEWAY FROM 65 BK TO AIR/DIC OUTSIDE	
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

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0% CO

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

Signed By Charles Semerak 31292 Certificate No. 37000  
 Preshift-Mine Examiner  
 Countersigned [Signature] Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
Harley Taylor Assistant Foreman Certificate No. 37002  
 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 6-22-09 20 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 9:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BROUGHT OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 entries regarding travel in primary escapeways and belt lines.

Air Measurements

Location

CFM

Location

CFM

Remarks 20.8702 O2 ch 0% CO

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

Signed By Charles L. ... Freshift-Mine Examiner Certificate No. 31292
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 37002
[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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 6-30-09 Section or Area Examined PRIMARY ESCAPEWAYS
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BROUGHT OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

- 1. 6-30-09 TRAVELED PRIMARY ESCAPEWAY ON SECTION FROM FACE TO 5 BK NORTH MAINS CS
2. 7-1-09 TRAVELED PRIMARY ESCAPEWAY FOR LONG WALL FROM LONG WALL FACE DOWN TO 81 BK ON TRACKS CS
3. 7-1-09 TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FAN TO MOUTH OF 3 SECTION PANEL (M)
4. 7-2-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO 66 BK MAINLINE CS
5. 7-3-09 TRAVELED PRIMARY ESCAPEWAY FROM 65 BK TO AIRLOCK OUTSIDE CS

Air Measurements

Location

CFM

Location

CFM

Remarks: 20.87002 O2 by O2CO

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 Charles Semerda Preshift-Mine Examiner

Certificate No. 31292

Harley Taylor Assistant Foreman

Certificate No. 37002

Countersigned [Signature] Mine Manager - Mine Foreman

[Signature] Assistant Foreman

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11/23/2010 Shift 1st Area or Section 2-3

## 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 Fested -----  
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 7-7-09 Section or Area Examined PRIMARY Escapeway
Time of Examination: from 600 a.m. to 900 a.m. or
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

- 1. 7-7-09 TRAVELED PRIMARY ESCAPEWAY FROM FACE OF 1 SECTION TO 5 BK N. MAINS CS
2. 7-8-09 TRAVELED PRIMARY ESCAPEWAY FROM LONG WALL FACE TO 8 BK N. MAINS CS
3. 7-8-09 TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FACE TO SECTION (SH)
4. 7-9-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N. MAINS TO 66 BK MAIN INTER CS
5. 7/8/09 Traveled Primary escapeway off 4 section to outside walked David Herron out.
7. 7-10-09 TRAVELED PRIMARY ESCAPEWAY FROM 65 BK TO AIRLOCK OUTSIDE CS

Air Measurements

Location CFM Location CFM

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By Charles Semek 31292 Preshift-Mine Examiner Certificate No.
Countersigned John Cook 390600 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 11-23-1953 Shift 11:00 AM Area or Section 101

*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 7-14-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BROUGHT OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

- 1. 7-14-09 WALKED PRIMARY ESCAPEWAY FROM 1 SECTION TO 5 BK CS
2. 7-15-09 WALKED PRIMARY ESCAPEWAY FROM LONGWALL FACE TO 8 BK CS
3. 7-18-09 WALKED PRIMARY ESCAPEWAY FROM 4 SECTION TO OUTSIDE R. FOSTER 29734

Air Measurements

Location CFM Location CFM

Remarks: 20.8 O2O ch4 O2O CO

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

Signed By Charles Demak 31292 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3106022 Mine Manager-Mine Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date 10-27-1949 Shift 1-4 Area or Section 10-7

*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 7-21 2009 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BROUGHT OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 7-21-09 WALKED PRIMARY ESCAPEWAY FROM 1 SECTION TO 5 BK NORTH MAINS CS
2. 7-22-09 WALKED PRIMARY ESCAPEWAY FROM LONGWALL FACE TO 8 BK AT AIRLOCK DOORS CS
3. 7-22-09 TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT)
4. 7-23-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO AIRLOCK OUTSIDE CS
5. 7-24-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO 67 BK CS

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. The table is mostly empty with dashed lines for data entry.

Remarks: 20.8-0% ch4 0% co

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

Signed By Charles Semerale 31292 Certificate No.
Countersigned Jimmy 37727 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 7-28-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for dates 7-28-09 and 7-29-09 regarding primary escapeway travel.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Intended for recording air measurement data.

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By: Charles Lembo (Preshift-Mine Examiner), Certificate No. 31292
Countersigned: [Signature] (Mine Manager-Mine Foreman), Assistant Foreman
Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

Location Violation or Hazardous Condition Action taken

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

*Examinations for Methane in Working Places*

Location Time Methane Content Location Time Methane Content

- 1. \_\_\_\_\_ 11. \_\_\_\_\_
- 2. \_\_\_\_\_ 12. \_\_\_\_\_
- 3. \_\_\_\_\_ 13. \_\_\_\_\_
- 4. \_\_\_\_\_ 14. \_\_\_\_\_
- 5. \_\_\_\_\_ 15. \_\_\_\_\_
- 6. \_\_\_\_\_ 16. \_\_\_\_\_
- 7. \_\_\_\_\_ 17. \_\_\_\_\_
- 8. \_\_\_\_\_ 18. \_\_\_\_\_
- 9. \_\_\_\_\_ 19. \_\_\_\_\_
- 10. \_\_\_\_\_ 20. \_\_\_\_\_

*Examinations for Methane in Return Aircourses*

Location Time Methane Content Location Time Methane Content

- 1. \_\_\_\_\_ 6. \_\_\_\_\_
- 2. \_\_\_\_\_ 7. \_\_\_\_\_
- 3. \_\_\_\_\_ 8. \_\_\_\_\_
- 4. \_\_\_\_\_ 9. \_\_\_\_\_
- 5. \_\_\_\_\_ 10. \_\_\_\_\_

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-3 2009 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination: from 600 a.m. or p.m. to 700 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom CARRIED OUT Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 8-4-09	TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION TO 5 BK N. MAINS CS	
2. 8-5-09	TRAVELED PRIMARY ESCAPEWAY FROM LONGWALL FACE TO 8 BK CS	
3. 8-5-09	TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT)	
4. 8-6-09	TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO AIRLOCK OUTSIDE CS	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 20.8% CO 0% CH4

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

Signed By Charles Lemons Preshift-Mine Examiner Certificate No. 31292  
 Countersigned Harley Taylor Assistant Foreman Certificate No. 37002  
[Signature] Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-11 2009 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for dates 8-11-09, 8-12-09, 8-12-09, and 8-13-09 describing travel in primary escapeways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Intended for recording air measurement data.

Remarks: 20.870% CH4 0% CO

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

Signed By [Signature] Certificate No. 31282
Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 37002
[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) \_\_\_\_\_

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-19 2009 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 6:00 a.m. or p.m. to 7:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom CARRIED OUT Time          A.M.          P.M.  
Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

- | Location            | Violation or Hazardous Condition                                  | Action Taken    |
|---------------------|---|-----------------|
| 1. 8-19-09          | WALKED PRIMARY ESCAPEWAY OFF OF SECTION TO OVERCAST               |                 |
| 2. AT LONGWALL      | Setup C.S.  |                 |
| 3. 8-19-09          | WALKED PRIMARY ESCAPEWAY FROM LONGWALL FACE TO                    |                 |
| 4. 81BK N. MAINS    | TO AIRLOCK DOORS C.S.   |                 |
| 5. 8-19-09          | TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT) |                 |
| 6. 8-20-09          | TRAVELED PRIMARY ESCAPEWAY FROM 5BK NORTH MAINS TO OUTSIDE        |                 |
| 7. AT AIRLOCK DOORS | C.S.  |                 |
| 8. <u>        </u>  | <u>        </u>   | <u>        </u> |
| 9. <u>        </u>  | <u>        </u>   | <u>        </u> |
| 10. <u>        </u> | <u>        </u>   | <u>        </u> |

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
<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>        </u>

Remarks: 20.8<sup>CO</sup> - 0.702 - 0.9 CH4

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

Signed By: Charles Demershe Preshift-Mine Examiner Certificate No. 31292  
Harley Taylor Assistant Foreman Certificate No. 37002

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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-25-09 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 6:00 p.m. or p.m. to 4:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom CARRIED OUT Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- | Location                 | Violation or Hazardous Condition                                  | Action Taken |
|--------------------------|---|--------------|
| 1. 8-25-09               | WALKED PRIMARY ESCAPEWAY FROM 86 BK NORTH MAINS                   |              |
| 2. 705 BK NORTH MAINS CS |   |              |
| 3. 8-25-09               | WALKED PRIMARY ESCAPEWAY ON 2 SECTION FROM FACE TO MAIN           |              |
| 4. ESCAPEWAY CS          |   |              |
| 5. 8-26-09               | TRAVELED PRIMARY ESCAPEWAY FROM OLD 1 SECTION TO 86 BK CS         |              |
| 6. 8-26-09               | TRAVELED LONGWALL PRIMARY ESCAPEWAY FROM FACE TO 81 BK CS         |              |
| 7. 8-26-09               | TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT) |              |
| 8. 8-27-09               | TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO AIRLOCK                   |              |
| 9. AT 5 BK OUTSIDE CS    |   |              |
| 10. 8-26-09              | TRAVELED PRIMARY ESCAPEWAY FROM 4 SECTION TO OUTSIDE (SH)         |              |

Air Measurements

Location CFM Location CFM

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By Charles Semerale 31292 Certificate No. Assistant Foreman  
Countersigned Scott H. [Signature] 37567 Certificate No. Assistant Foreman  
Assistant Foreman Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 8-31-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

- 1. 8-31-09 PRIMARY ESCAPEWAY FROM OLD SECTION TO 2 SBK CS
2. 9-2-09 TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION FROM FAN TO SECTION (HT)
3. 9-4-09 TRAVELED PRIMARY ESCAPEWAY FROM OUTSIDE TO 131 BK ML 1686 A
4. 9-4-09 TRAVELED PRIMARY ESCAPEWAY FROM LONG WAIL TAIL TO SBK (RG1536-A)
5. 9-4-09 TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION FACE TO MOUTH OF 2 SEC (RG1536-A)
6. 9-2-09 TRAVELED PRIMARY ESCAPEWAY FROM SOUTH FAN TO 4 SECTION (SH)

Air Measurements

Location CFM Location CFM

Remarks: O% ch4 20.870% O2 CO

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

Signed By Charles Semerade 31292 Preshift-Mine Examiner
Countersigned Scott Halstead 35000 Mine Manager-Mine Foreman
Charley Taylor 37002 Assistant Foreman
Russell E. ... 1536-A
Scott Halstead 37567

Assistant Foreman

Superintendent or Assistant

Use Indefilible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-23-1949 Shift 1st Area or Section 3-8

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-8-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 5 entries regarding primary escapeway travel.

Air Measurements

Location CFM Location CFM

Remarks: 20.8% O2 0% CO 0% CH4

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

Signed By Charles Lennake 31292 Preshift-Mine Examiner
Countersigned Scott Holladay 37002 Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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

**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 9-22 2009 Section or Area Examined PRIMARY ESCAPEWAYS  
 Time of Examination: from 6:00 a.m. or 4:30 p.m. to 7:30 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom CARRIED OUT Time          A.M.          P.M.  
 Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

1. 9-22-09 TRAVELED PRIMARY ESCAPE WAY FROM 81BK TO 5BK
2. NORTH MAINS
3. 9-22-09 TRAVELED PRIMARY ESCAPEWAY FROM FAN TO LOB ON 4 SECTION (SH)
4. 9-23-09 TRAVELED PRIMARY ESCAPEWAY FROM 7BK TO FACE OF 1 sect (CS)
5. 9-23-09 TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION FACE TO 81BK N.M (CS)
6. 9-23-09 TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FAN TO SECTION PANEL (HT)
7. 9-24-09 TRAVELED PRIMARY ESCAPEWAY FROM OVERCUT AT 10BK TO 81BK N MAINS (CS)
8. 9-24-09 TRAVELED PRIMARY ESCAPEWAY FROM 5BK TO AIR LOCK DOOR AT 5BK (CS)
9.
10.

Air Measurements

Location

CFM

Location

CFM

Remarks: 20.8%<sup>CO</sup> O<sub>2</sub> ch 07%<sup>O<sub>2</sub></sup>

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 Charles Semensale  
 Preshift-Mine Examiner

31292  
 Certificate No.

Scott Halstead  
 Assistant Foreman

37567  
 Certificate No.

Countersigned           
 Mine Manager—Mine Foreman

31292

37002

Assistant Foreman

Superintendent or Assistant

Rick Foster 28736

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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



Date of Examination 9-29-09 2009 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination from 6:00 a.m. or 7:00 a.m. to 6:00 a.m. or 6:00 a.m.  
 Was this report phoned to outside? Yes no 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.       | 9-29-09 TRAVELED PRIMARY ESCAPEWAY FROM 81 BK NORTH MAINS TO 5 BK NORTH MAINS (CS)        |              |
| 2.       |   |              |
| 3.       | 9-29-09 TRAVELED Primary Escapeway of 4 section FROM FAN TO L.O.B. ON SECTION (SH)        |              |
| 4.       | 9-30-09 TRAVELED PRIMARY ESCAPEWAY FROM 7 BK TO 1 SECTION (CS)                            |              |
| 5.       | 9-30-09 TRAVELED primary Escapeway FROM 2 SECTION FACE TO 81 BK (CS)                      |              |
| 6.       | 9-30-09 TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FAN TO SECTION PANEL (HT)                 |              |
| 7.       | 10-1-09 TRAVELED Primary Escapeway FROM 12 BK N MAINS TO 81 BK N MAINS (CS)               |              |
| 8.       | 10-1-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N MAINS TO AIRLOCK DOOR AT 5 BK OUTSIDE (CS) |              |
| 9.       |   |              |
| 10.      |   |              |

Location		Air Measurements	
Location	CFM	Location	CFM

Remarks:  $20.8\% O_2$   $0\% CH_4$   $0\% CO$

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

Signed By Charles Semple 3122 Scott Halsted 37567  
 Preshift-Mine Examiner Certificate No. Assistant Foreman  
 Countersigned        35114 Harley Taylor 37002  
 Mine Manager - Mine Foreman Certificate No.

Assistant Foreman  
 Superintendent or Assistant  
Puck 731n 2A 736

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 10-5 20 09 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination: from 5:00 a.m. or p.m. to 7:00 a.m. or 6 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. 10-6-09 | TRAVELED PRIMARY ESCAPEWAY FROM 81BK N MAINS TO 5 BK N. MAINS (CS) E                 |              |
| 2.         |  |              |
| 3. 10-6-09 | (SH) TRAVELED PRIMARY ESCAPEWAY FROM South Fan to LOB ON 4 Section                   |              |
| 4. 10-7-09 | TRAVELED PRIMARY ESCAPEWAY FROM 7BK SECTION TO SECTION. (CS)                         |              |
| 5.         |  |              |
| 6. 10-7-09 | TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION FAN to SECTION PANEL (HT)                    |              |
| 7. 10-8-09 | TRAVELED PRIMARY ESCAPEWAY FROM 12 BK LONGWALL BT TO 81BK (CS) E                     |              |
| 8.         |  |              |
| 9. 10-8-09 | TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N MAINS TO AIR LOCK DOORS AT 5BK OUTSIDE (CS) E |              |
| 10.        |  |              |

Location	Air Measurements	Location	CFM
	CFM		CFM

Remarks: 20.8<sup>02</sup> 0% CO 0% CH4

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

Signed By Charles Semerak 31292 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Harley Taylor 350000 Certificate No.  
 Mine Manager—Mine Foreman Assistant Foreman

Rick Paul 28736 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Date of Examination 10-13-09 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination: from 6:00 a.m. or p.m. to 7:00 a.m. or 6:00 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. 10-13-09	TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO 81 BK (C)	
2. 10-13-09 (SH)	TRAVELED PRIMARY ESCAPEWAY FROM LOB ON 4 SECTION TO OUTSIDE SOUTH FAN.	
3. 10-14-09	TRAVELED PRIMARY ESCAPE FROM MOUTH OF 1 SECTION TO FACE (CS)	
4.		
5. 10-14-09	TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION FACE TO 81 BK	
6. 10-14-09	TRAVELED PRIMARY ESCAPEWAY ON #3 SECTION SOUTH FAN TO SECTION PANEL (HT)	
7. 10-15-09	TRAVELED PRIMARY ESCAPEWAY FROM 12 BK LONGWALL BELT TO 81 BK (CS)	
8. 10-15-09	TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N MAINS TO OUTSIDE	
9. 10-16-09	TRAVELED PRIMARY ESCAPEWAY FROM END OF TRACK ON LONGWALL TO 12 BK ON LONGWALL BELT	
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: 20.82% O<sub>2</sub> 0% CH<sub>4</sub> 0% CO

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

Signed By Charles Semerle 31252 Scott Halstead 37567  
 Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Harley Taylor 37602  
 Mine Manager— Mine Foreman Assistant Foreman  
 Superintendent or Assistant

Recd Jan 28 1934

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 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or 6:00 p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 entries of travel logs for primary escapeways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains multiple rows of air measurement data.

Remarks: 20.8% O2, 0% CH4, 0% CO

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

Signed By Charles Semerale 37292 Certificate No. Charley Taylor 37002 Certificate No.
Countersigned [Signature] 37002 Mine Manager - Mine Foreman Assistant Foreman

Rec'd John 25/34

Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10/22/22 Shift PM Area or Section 230

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 10-28-09 20.09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

- 1. 10-28-09 TRAVELED PRIMARY ESCAPEWAY FROM 12 BK N. MAINS TO 1 SECT FACE
2.
3. 10-28-09 TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION FACE TO ELLIS
4. 10-28-09 TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION SOUTH FAN TO SECTION (HT)
5. 10-28-09 TRAVELED PRIMARY ESCAPEWAY FROM 12 BK LONGWALL BELT TO 8 BK (CS)
6. 10-28-09 TRAVELED PRIMARY ESCAPEWAY FROM 8 BK TO 5 BK (CS)
7. 10-29-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO OUTSIDE (CS)
8. 10-24-09 TRAVELED 4 SECT PRIMARY INTAKE TO OUTSIDE EHT 25041
9. 10-30-09 TRAVELED PRIMARY ESCAPEWAY FROM 7 NORTH HEAD TO ELLIS PUNCHOUT (CS)
10. 10-30-09 TRAVELED PRIMARY ESCAPEWAY FROM LOB 4 WALL TO ELLIS (HL)

Air Measurements

Location CFM Location CFM

Table with 4 columns: Location, CFM, Location, CFM. The table is mostly empty with dashed lines for data entry.

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By Charles Semerak 31292 Preshift-Mine Examiner Certificate No.
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant

Rec'd John 28734

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-22-23 Shift 12:00 Area or Section 2nd

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 11-4-09 Section or Area Examined PRIMARY ESCAPEWAYS  
 Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or 4:00 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. 11-4-09 | PRIMARY ESCAPEWAY FOR 1 SECTION 12 BK TO FACE OF BELT (CS)                         |              |
| 2. 11-4-09 | PRIMARY ESCAPEWAY FOR 2 SECTION FROM FACE + 0.5 BK N MAIN                          |              |
| 3. 11-4-09 | TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION SOUTH FAN TO SECTION (HT)                  |              |
| 4. 11-5-09 | TRAVELED PRIMARY ESCAPEWAY FROM 12 BK LONG WALL BELT TO 8 BK (CS)                  |              |
| 5. 11-5-09 | TRAVELED PRIMARY ESCAPEWAY FROM 7 BK N MAINS TO 5 BK AT AIRLOCK DOORS OUTSIDE (CS) |              |
| 7. 11-6-09 | TRAVELED PRIMARY ESCAPEWAY FROM 4 NORTH HEAD TO ELLIS PUNCHOUT (CS)                |              |
| 8. 11-6-09 | TRAVELED PRIMARY ESCAPEWAY FROM LOB TO 12 BK. W/O DAILY 2007                       |              |
| 9. 11-6-09 | TRAVELED SECONDARY ESCAPEWAY FROM LOB TO MOUTH OF SECTION. HL                      |              |

Location	Air Measurements		Location	CFM
	CFM			

Remarks: 20.8-0.7 CM 0.7 CO

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

Signed By Charles Lerner Preshift-Mine Examiner Certificate No. 31292  
 Countersigned [Signature] Mine Manager—Mine Foreman  
Harley Taylor Assistant Foreman Certificate No. 37002  
 Assistant Foreman  
 Superintendent or Assistant

Rest Post 26734

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 11-9-09 Section or Area Examined Primary Escapeway
Time of Examination: from 6:00 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 11-10-09 Traveled Primary escape way from fan to 4 section (GSC)
2. 11-11-09 TRAVELED PRIMARY ESCAPEWAY FROM 12BK LONGWALL BELT TO SECT FACE (CS)
3. 11-11-09 TRAVELED PRIMARY ESCAPEWAY FROM 2 SECT TO 5BK N. MAINS (CS)
4. 11-11-09 TRAVELED PRIMARY ESCAPEWAY ON 3 SECTION SOUTH FAN TO SECTION (HT)
5. 11-12-09 TRAVELED PRIMARY ESCAPEWAY FROM 10BK LONGWALL BELT TO 81BK N. MAINS (CS)
6. 11-12-09 TRAVELED PRIMARY ESCAPEWAY FROM 5BK N MAINS TO 70BK N. MAINS (CS)
7. 11-13-09 TRAVELED PRIMARY ESCAPEWAY FROM 5BK N. MAINS TO ELLIS FAN (CS)

Air Measurements

Location

CFM

Location

CFM

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By Charles Semerak 31292 Preshift Mine Examiner Certificate No.

Harley Taylor 37002 Assistant Foreman Certificate No.

Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman

Superintendent or Assistant

Rick Foster 28734

Use Indefilible  
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 Week of 11-21 2009 Section or Area Examined Primary Escapeway  
Time of Examination: from 600 a.m. or p.m. to 400 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. 11-17-09 | WALKED PRIMARY ESCAPEWAY FROM 81BK TO 5BK N. MAINS (CS)  |              |
| 2. 11-17-09 | WALKED PRIMARY ESCAPEWAY FROM FAN TO 4 SEC. (CS)   |              |
| 3. 11-18-09 | WALKED PRIMARY ESCAPEWAY FROM 10BK NORTH MAINS TO 1 SECTION FACE (CS)                                  |              |
| 4. 11-18-09 | WALKED PRIMARY ESCAPEWAY FROM 2 SECTION TO 81BK (CS)   |              |
| 5. 11-19-09 | WALKED PRIMARY ESCAPEWAY FROM 10BK LONGWALL BELT TO 81BK N MAINS (CS)                                  |              |
| 6. 11-19-09 | WALKED PRIMARY ESCAPEWAY FROM 5BK TO 73BK (CS)   |              |
| 7. 11-16-09 | WALKED PRIMARY ESCAPEWAY FROM SOUTH PORTAL TO 3 SECTION (CS)   |              |
| 8. 11-20-09 | WALKED PRIMARY ESCAPEWAY FROM 4 NORTH HEAD INTAKE TO ELLIS PORTAL (CS)                                 |              |
| 9. 11-24-09 | WALKED PRIMARY ESCAPEWAY FROM 4 SECTION INTAKE (ST STOPPING) TO 3 & 4 SECTION SPLIT (19 BK SOUTH SIDE) |              |
| 10.         |  |              |

Air Measurements

Location

CFM

Location

CFM

Remarks: 20.8% CH<sub>4</sub> 0.0% CO

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

Signed By Charles Semenski 31292 Jim Berger 32261  
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 37000 Joe Stewart 39197  
 Mine Manager - Mine Foreman Assistant Foreman

Rick Foster 28734

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 Week of 11-28 20   Section or Area Examined Primary Escapeway  
 Time of Examination: from 6:00 a.m. or 4:00 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. 11-23-09 walked Primary Escapeway from 4 North head to
2. 2 section Face
3. 11-23-09 walked Primary Escapeway from 8 BK to 1 section Face
4. 11-24-09 Traveled Primary Escapeway from 10 BK to LW Face
5.
6.
7.
8.
9.
10.

Air Measurements

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

Remarks: 0.02 CH4 20.8% O2 600

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. 390644 Assistant Foreman Certificate No.     
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 390644  
 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 12-1-09 Section or Area Examined PRIMARY ESCAPEWAY

Time of Examination: from 600 a.m. or p.m. to 700 a.m. or p.m.

Was this report phoned to outside: Yes no Time A.M P.M.

By whom Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 12-1-09 TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION TO 81 BK (CS)
2. 12-1-09 TRAVELED PRIMARY ESCAPEWAY FROM SECTION TO FAN (93C)
3. 12-2-09 TRAVELED 1 SECT PRIMARY ESCAPEWAY FROM 10 BK TO FIRE (CS)
4. 12-2-09 TRAVELED PRIMARY ESCAPEWAY FROM 10 BK TO 5 BK IN MAINS (CS)
5. 12-3-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO 71 BK (CS)
6. 12-4-09 TRAVELED PRIMARY ESCAPEWAY FROM 71 BK TO OUTSIDE AT ELLI'S (CS)

Air Measurements

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

Remarks: 20.8% O2 CH4 0% CO

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

Signed By Charles Semidee Preshift-Mine Examiner Certificate No. 31292
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 27429
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-21-21 Shift 1st Area or Section 10-4-21

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 900 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

- 1. 12-8-09 TRAVELED PRIMARY ESCAPEWAY FROM INKLE ON 2 SECT TO 81 BK (CS)
2.
3. 12-8-09 TRAVELED PRIMARY ESCAPEWAY FROM FAN TO 4 SECTION DE
4. 12-9-09 TRAVELED PRIMARY ESCAPEWAY FROM 10 BK LONG WALL BELT TO 1 SECT FACE (CS)
5. 12-9-09 TRAVELED PRIMARY ESCAPEWAY ON TRACIL GOING TO WALL TO 5 BK (CS)
6. 12-10-09 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N. MAINS TO 73 BK (CS)
7. 12-11-09 TRAVELED PRIMARY ESCAPEWAY FROM 74 BK TO ELLIS PUNCHOUT (CS)
8.
9.
10.

Air Measurements

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

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By Charles Semenske 31292 Certificate No.
Preshift-Mine Examiner Assistant Foreman
Countersigned [Signature] 260111 Certificate No.
Mine Manager-Mine Foreman Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-19-09 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 12-15-09 TRAVELED PRIMARY ESCAPEWAY FROM MOUTH OF 2 SECTION TO 81BK (CS)
2.
3. 12-15-09 TRAVELED PRIMARY ESCAPEWAY FROM FACE TO BARRIER SECTION
4. 12-16-09 TRAVELED PRIMARY ESCAPEWAY FOR 1 SECTION (CS)
5.
6. 12-16-09 TRAVELED PRIMARY ESCAPEWAY FOR LONG WALL (CS)
7. 12-16-09 TRAVELED PRIMARY ESCAPEWAY FROM 10BK ON LONG WALL BELT TO 5BK NORTH MAINS (CS)
8.
9. 12-17-09 TRAVELED PRIMARY ESCAPEWAY FROM 5BK NORTH MAINS TO 71BK (CS)
10. 12-17-09 TRAVELED PRIMARY ESCAPEWAY ON 2 SECTION FROM FACE TO MOUTH (CS)

Air Measurements

12-18-09 TRAVELED PRIMARY ESCAPEWAY FROM 74BK TO ELLIS PUNCHOT (CS)

Remarks:

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

Signed By Charles Semak 31292
Preshift-Mine Examiner Certificate No.
Countersigned Rick Foster 28736
Mine Manager-Mine Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

Location Violation or Hazardous Condition Action taken

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

*Examinations for Methane in Working Places*

Location Time Methane Content Location Time Methane Content

- |           |       |       |           |       |       |
|-----------|-------|-------|-----------|-------|-------|
| 1. _____  | _____ | _____ | 11. _____ | _____ | _____ |
| 2. _____  | _____ | _____ | 12. _____ | _____ | _____ |
| 3. _____  | _____ | _____ | 13. _____ | _____ | _____ |
| 4. _____  | _____ | _____ | 14. _____ | _____ | _____ |
| 5. _____  | _____ | _____ | 15. _____ | _____ | _____ |
| 6. _____  | _____ | _____ | 16. _____ | _____ | _____ |
| 7. _____  | _____ | _____ | 17. _____ | _____ | _____ |
| 8. _____  | _____ | _____ | 18. _____ | _____ | _____ |
| 9. _____  | _____ | _____ | 19. _____ | _____ | _____ |
| 10. _____ | _____ | _____ | 20. _____ | _____ | _____ |

*Examinations for Methane in Return Aircourses*

Location Time Methane Content Location Time Methane Content

- |          |       |       |           |       |       |
|----------|-------|-------|-----------|-------|-------|
| 1. _____ | _____ | _____ | 6. _____  | _____ | _____ |
| 2. _____ | _____ | _____ | 7. _____  | _____ | _____ |
| 3. _____ | _____ | _____ | 8. _____  | _____ | _____ |
| 4. _____ | _____ | _____ | 9. _____  | _____ | _____ |
| 5. _____ | _____ | _____ | 10. _____ | _____ | _____ |

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-29-09 Section or Area Examined PRIMARY ESCAPEWAYS  
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom CARRIED OUT Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
12-30-09	TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION FACE TO 5 BK NORTH MAINS (CS)	
12-30-09	TRAVELED 2 SECTION PRIMARY ESCAPEWAY FROM FACE TO 8 BK (CS)	
12-31-09	TRAVELED PRIMARY ESCAPEWAY FROM 4 NORTH HEAD TO ELLIS PUNCTURE	

Location	Air Measurements	Location	CFM

Remarks: 20.8 - 0% ch4 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Charles Semerok 31292 Preshift Mine Examiner Assistant Foreman Certificate No.  
Countersigned [Signature] 37759 Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Examinations for Methane in Working Places

Location Time Methane Content Location Time Methane Content

- |           |       |       |           |       |       |
|-----------|-------|-------|-----------|-------|-------|
| 1. _____  | _____ | _____ | 11. _____ | _____ | _____ |
| 2. _____  | _____ | _____ | 12. _____ | _____ | _____ |
| 3. _____  | _____ | _____ | 13. _____ | _____ | _____ |
| 4. _____  | _____ | _____ | 14. _____ | _____ | _____ |
| 5. _____  | _____ | _____ | 15. _____ | _____ | _____ |
| 6. _____  | _____ | _____ | 16. _____ | _____ | _____ |
| 7. _____  | _____ | _____ | 17. _____ | _____ | _____ |
| 8. _____  | _____ | _____ | 18. _____ | _____ | _____ |
| 9. _____  | _____ | _____ | 19. _____ | _____ | _____ |
| 10. _____ | _____ | _____ | 20. _____ | _____ | _____ |

Examinations for Methane in Return Aircourses

Location Time Methane Content Location Time Methane Content

- |          |       |       |           |       |       |
|----------|-------|-------|-----------|-------|-------|
| 1. _____ | _____ | _____ | 6. _____  | _____ | _____ |
| 2. _____ | _____ | _____ | 7. _____  | _____ | _____ |
| 3. _____ | _____ | _____ | 8. _____  | _____ | _____ |
| 4. _____ | _____ | _____ | 9. _____  | _____ | _____ |
| 5. _____ | _____ | _____ | 10. _____ | _____ | _____ |

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5 2010 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 1-5-10 TRAVELED PRIMARY ESCAPEWAY FROM FACE OF 2 SECTION down to 81BK NORTH MAINS (CS)
2.
3. 1-5-10 TRAVELED PRIMARY ESCAPEWAY FROM 81BK N. MAINS to 5BK N MAINS (CS)
4.
5. 1-6-10 TRAVELED PRIMARY ESCAPEWAY FROM FACE OF 1 SECTION to 81BK NORTH MAINS (CS)
6.
7. 1-7-10 TRAVELED PRIMARY ESCAPEWAY FROM 5BK to 71BK N. MAINS (CS)
8. 1-8-10 TRAVELED PRIMARY ESCAPEWAY FROM 5BK to ELLIS PUNCHOUT
9.
10.

Air Measurements

Location CFM Location CFM

Table with 4 columns: Location, CFM, Location, CFM. The table is mostly empty with dashed lines for data entry.

Remarks: 20.8% 0% CH4 0% O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Charles Demoske 31292 Preshift-Mine Examiner Certificate No.
Countersigned T. Mann 33357 Mine Manager—Mine Foreman
Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12-10 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom CARRIED OUT Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1-12-10	TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION TO 5 BK NORTH MAINS (CS)	
1-13-10	TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION TO 8 BK NORTH MAINS	

Location	Air Measurements	Location	CFM

Remarks: 20.8 - 0% CH4 - 0% O2

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

Signed By Charles Semerake 31292 Preshift-Mine Examiner Certificate No.  
Countersigned T. Moore 37357 Mine Manager-Mine Foreman Assistant Foreman Certificate No.  
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-19 2010 Section or Area Examined PRIMARY ESCAPEWAY

Time of Examination: from 600 a.m. or p.m. to 400 a.m. or 000

Was this report phoned to outside: Yes no

By whom CARRIED OUT Time --- A.M. --- P.M.

Report received by --- (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-19-10</u>	<u>TRAVELED PRIMARY ESCAPEWAY FROM 2 SECTION FACE</u>	
2. <u>down to 5 BK N. MAINS (CS)</u>		
3. <u>1-20-10</u>	<u>TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION TO 81 BK N MAINS (CS)</u>	
4. <u>1-22-10</u>	<u>TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO KILLIS PUNCHOUT</u>	
5. <u>---</u>		
6. <u>---</u>		
7. <u>---</u>		
8. <u>---</u>		
9. <u>---</u>		
10. <u>---</u>		

Air Measurements

Location	CFM	Location	CFM
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			
<u>---</u>			

Remarks: 20.8% 0%<sup>co</sup> 0% CH<sub>4</sub>

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 Charles Leach Certificate No. 31292 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager—Mine Foreman \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested Below Range

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-26 2010 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination: from 6:00 a.m. or p.m. to 4:00 ~~a.m.~~ or ~~p.m.~~  
 Was this report phoned to outside: Yes no  
 By whom CARRIED OUT Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

- | Location          | Violation or Hazardous Condition                                  | Action Taken |
|-------------------|---|--------------|
| 1. <u>1-26-10</u> | <u>WALKED PRIMARY ESCAPEWAY FROM 2 SECTION TO 5 BK (CS)</u>       |              |
| 2. <u>1-27-10</u> | <u>WALKED PRIMARY ESCAPEWAY FROM 1 SECT TO 8 BK N. MAINS (CS)</u> |              |
| 3. <u>1-29-10</u> | <u>WALKED PRIMARY ESCAPEWAY FROM 5 BK TO ELLIS PUNCH OUT (CS)</u> |              |
| 4. _____          | _____   | _____        |
| 5. _____          | _____   | _____        |
| 6. _____          | _____   | _____        |
| 7. _____          | _____   | _____        |
| 8. _____          | _____   | _____        |
| 9. _____          | _____   | _____        |
| 10. _____         | _____   | _____        |

## Air Measurements

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

Remarks: 20.8% O<sub>2</sub> 0% CO 0% CH<sub>4</sub>

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 Charles Sandoz 31292 Assistant Foreman Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Tom Moore 33759 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

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

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 20 10 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for primary escapeway travel on 2-2-10, 2-3-10, 2-4-10.

Air Measurements

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

Remarks: 20.8% 0% chy 0% co

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

Signed By Charles Semerak 31292 Preshift-Mine Examiner Certificate No.
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33359
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

- 1. 2. 3. 4. 5. 6. 7. 8.

Examinations for Methane in Working Places

Location Time Methane Content Location Time Methane Content

- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

Examinations for Methane in Return Aircourses

Location Time Methane Content Location Time Methane Content

- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-2010 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

- 1. 2-9-10 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK N. MAIN TO 2 SETFACE (CS)
2. 2-10-10 TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION TO 12 BK NORTH MAINS (CS)
3. 2-10-10 TRAVELED PRIMARY ESCAPEWAY FROM 12 BK TO 81 BK N MAINS (CS)
4. 2-12-10 TRAVELED PRIMARY ESCAPEWAY FROM 5 BK TO ELLIS PUNCHOUT (CS)

Air Measurements

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

Remarks: 20.8-6% ch4 0.9% O2

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 31292
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33259
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-17-10 Section or Area Examined PRIMARY ESCAPEWAY
Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CARRIED OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. 2-17-10 TRAVELED PRIMARY ESCAPEWAY FROM 2 SECT TO ELLIS PUNCHOUT (CS); 2. 2-18-10 TRAVELED PRIMARY ESCAPEWAY FROM 1 SECTION TO 81 BX N MAINS (CS)

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten air measurement data: 20.8% O2, 0% CH4, 0% CO

Remarks: 20.8% O2 0% CH4 0% CO

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

Signed By Charles Semenski 31292 Preshift-Mine Examiner Certificate No.
Countersigned T. Moore 3507 Mine Manager-Mine Foreman Certificate No.
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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



Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-23 2010 Section or Area Examined PRIMARY ESCAPEWAYS  
 Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom CARRIED OUT Time 1:15 P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

| Location          | Violation or Hazardous Condition                 | Action Taken |
|-------------------|--|--------------|
| 1. <u>2-23-10</u> | <u>TRAVELED old 2 section to Ellis punchout</u>  | <u>(CS)</u>  |
| 2. <u>2-24-10</u> | <u>TRAVELED PRIMARY ESCAPEWAY FROM 1 section</u> |              |
|                   | <u>to 81 BK NORTH MAINS (CS)</u>                 |              |
| 3.                |  |              |
| 4.                |  |              |
| 5.                |  |              |
| 6.                |  |              |
| 7.                |  |              |
| 8.                |  |              |
| 9.                |  |              |
| 10.               |  |              |

#### Air Measurements

| Location | CFM | Location | CFM |
|----------|-----|----------|-----|
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |

Remarks: 20.8 <sup>chk</sup> 0% <sup>002</sup> 0%

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

Signed By Charles Bernerick 31292  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Tony [Signature] 3352  
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-3 2010 Section or Area Examined PRIMARY ESCAPEWAY

Time of Examination: from 6:00 a.m. or p.m. to 4:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom CARRIED OUT Time          A.M.          P.M.

Report received by           
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location             | Violation or Hazardous Condition                                | Action Taken |
|----------------------|---|--------------|
| 1. <u>3-3-10</u>     | <u>TRAVELED PRIMARY ESCAPEWAY FROM 81BK TO OUTSIDE AT</u>       |              |
| 2. <u>Ellis (CS)</u> |   |              |
| 3. <u>3-4-10</u>     | <u>TRAVELED PRIMARY ESCAPEWAY OFF OF 1 SECTION TO 81BK (CS)</u> |              |
| 4. <u>        </u>   |   |              |
| 5. <u>        </u>   |   |              |
| 6. <u>        </u>   |   |              |
| 7. <u>        </u>   |   |              |
| 8. <u>        </u>   |   |              |
| 9. <u>        </u>   |   |              |
| 10. <u>        </u>  |   |              |

| Air Measurements |     |          |     |
|------------------|-----|----------|-----|
| Location         | CFM | Location | CFM |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |
| <u>        </u>  |     |          |     |

Remarks: 20.8%<sup>oz</sup> 0%CO 0%CH4

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

Signed By Charles [Signature] 31292  
 Preshift-Mine Examiner Certificate No.

Countersigned T. [Signature] 33388  
 Mine Manager—Mine Foreman Certificate No.

          
 Assistant Foreman

          
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-10 20 10 Section or Area Examined PRIMARY ESCAPEWAY  
 Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom CARRIED OUT Time --- A.M. --- P.M.  
 Report received by --- (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

1. 3-9-10 TRAVELED PRIMARY ESCAPEWAY FROM 81BK TO ELLIS PUNCHOUT (CS)
2. 3-10-10 TRAVELED PRIMARY ESCAPEWAY FROM HG 22 TO 81BK (CS)
3. 3-10-10 TRAVELED PRIMARY ESCAPEWAY FROM TG 22 TO 81BK (CS)
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Air Measurements

Location CFM Location CFM

| Location | CFM | Location | CFM |
|----------|-----|----------|-----|
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 73357  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16-10 Section or Area Examined PRIMARY Escapeway  
Time of Examination: from 600 a.m. or p.m. to 330 a.m. or p.m.  
Was this report phoned to outside: Yes  No   
By whom CARRIED OUT Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location   | Violation or Hazardous Condition  | Action Taken |
|------------|---|--------------|
| 1. 3-16-10 | TRAVELED PRIMARY ESCAPEWAY FROM TG 22 TO OUTSIDE AT ELLIS PORTAL (CS)                     |              |
| 3. 3-17-10 | TRAVELED PRIMARY ESCAPEWAY OFF OF HG 22 FROM SECTION TO 81 BK NORTH MAINS (CS)            |              |
| 5. 3-18-10 | TRAVELED PRIMARY ESCAPEWAY OFF OF TG 22 FROM SECTION TO WHERE HG 22 & TG 22 HOOKS UP (CS) |              |
| 6.         |   |              |
| 7.         |   |              |
| 8.         |   |              |
| 9.         |   |              |
| 10.        |   |              |

Air Measurements

| Location | CFM | Location | CFM |
|----------|-----|----------|-----|
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |

Remarks: 20.8 O<sub>2</sub><sup>CH<sub>4</sub></sup> 0% CO

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

Signed By Charles Semak 31292 Preshift-Mine Examiner Certificate No.  
Countersigned T. Moore 31159 Mine Manager-Mine Foreman Certificate No.  
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-27 2010 Section or Area Examined PRIMARY ESCAPEWAY  
Time of Examination: from 600 a.m. or p.m. to 300 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom CARRIED OUT Time          A.M.          P.M.  
Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location            | Violation or Hazardous Condition                      | Action Taken    |
|---------------------|---|-----------------|
| 1. <u>3-23-10</u>   | <u>TRAVELED PRIMARY ESCAPEWAY FROM TG22 SECTION</u>   | <u>        </u> |
| 2. <u>        </u>  | <u>TO OUTSIDE AT ELLIS (CS)</u>                       | <u>        </u> |
| 3. <u>3-24-10</u>   | <u>TRAVELED PRIMARY ESCAPEWAY OFF OF HG22 SECTION</u> | <u>        </u> |
| 4. <u>        </u>  | <u>TO WHERE HG &amp; TG CONNECT AT DOORS (CS)</u>     | <u>        </u> |
| 5. <u>        </u>  | <u>        </u>                                       | <u>        </u> |
| 6. <u>        </u>  | <u>        </u>                                       | <u>        </u> |
| 7. <u>        </u>  | <u>        </u>                                       | <u>        </u> |
| 8. <u>        </u>  | <u>        </u>                                       | <u>        </u> |
| 9. <u>        </u>  | <u>        </u>                                       | <u>        </u> |
| 10. <u>        </u> | <u>        </u>                                       | <u>        </u> |

Air Measurements

| Location | CFM | Location | CFM |
|----------|-----|----------|-----|
|          |     |          |     |
|          |     |          |     |
|          |     |          |     |
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|          |     |          |     |
|          |     |          |     |
|          |     |          |     |

Remarks: 20.870% ch4 0% O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Charles Semanick 31292 Certificate No. Assistant Foreman Certificate No.  
Countersigned T. Moore 33359 Mine Manager—Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant