

Started 9-29-9

See

# PRESHIFT - ONSHIFT and DAILY REPORT

4 section  
**Finished 11-14-09**

Company Performance

Mine UPB

SECTION #4

LOCATION NAOMA  
Post Office

Raleigh  
County

WV  
State

**Finished 11-14-09**

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-29-09 Shift 3rd

Area or Section 4 sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1-2	Needs Cleaned & Dusted	Rep.
2. 3R	Scrap Cut	Ref.
3. 4	None Observed	Rep.
4. 5R	Not Bolted	Ref.
5. 6, 7	None Observed	Rep.
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	100-134 AM	0%	11.		
2.			12.		
3. 1-7	300-330 AM	0%	13.		
4.			14.		
5. 1-7	500-545 AM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Return	100 AM	0%	6.		
2. RT Return	134 AM	0%	7.		
3.			8.		
4. LT Return	500 AM	0%	9.		
5. RT Return	545 AM	0%	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)

TRACK, Travelways & Out by Air Chamber Clear At Time of Exam

Randall Jafferty  
Assistant Mine

38424  
Certificate No.

Beck Zuta  
Mine Foreman-Mine Manager

28736  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-29 20    Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R. Lafferty Time 5:00 A.M. P.M.  
 Report received by R. Lafferty & Hallat  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1,2 CH40% O2 20.8%	wedges cleaned & dusted	Rep
2. 3R	SCRAP	Rep.
3. 4	None observed	
4. 3R	NOT Bolted	Rep.
5. 6+7	None observed	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	11,230		
R LOB	18460		

Remarks: Power center and roadways clear at time of exam  
CH4 0% O2 20.8%  
Ribs TAKING OFF  
cut by shelter clear at time of exam

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

Signed By Randall Lafferty Certificate No. 38424  
 Countersigned Rick Hester Mine Manager - Mine Foreman Certificate No. 28736  
[Signature] Assistant Foreman Certificate No. 29058-05  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-29 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>L2</u>	<u>wears chem dust</u>	<u>Correct</u>
2. <u>3R</u>	<u>SCIP</u>	
3.		
4. <u>5R</u>	<u>NOT BOOTH</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:05</u>		6.		
2. <u>R Return</u>	<u>7:35</u>		7.		
3.			8.		
4. <u>L Return</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>R Return</u>	<u>11:15</u>	<u>0</u>	10.		

Number of Bolts Tested 24  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over all of R 12

Roof Control, then with crew at 6:00 AM  
[Signature] Assistant Mine 32058-08 Certificate No. [Signature] Mine Foreman-Mine Manager 2873 Certificate No. [Signature] Superintendent or Assistant

Use Indefinite  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination: 10-29-09 20 Section or Area Examined #4 Section  
Time of Examination: from 1 a.m. or p.m. to 1:55 a.m. or p.m.  
Was this report phoned to outside: Yes  No   
By whom: Steve Harrah Time: 3 A.M.  
Report received by: Brian Collins 1543A

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 CH4%	N/A	none
2. 2 11	SCRAP out	Reflectors
3. 3 11	Part Bolted	Reflectors
4. 4 11	SCRAP out	Reflectors
5. 5 11	N/A	none
6. 6 11	N/A	none
7. GR 11	Not Bolted	Reflectors
8. 7 11	N/A	none
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB Lt	20,350		
Rt	24,150		

Remarks: 20.8% O2 0.9% CH4 Oppm at time of exam

Handways, walkways, haulways, powercenter and  
outby shells clear at time of exam

Intake Probe ok at Exam Time

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

Signed By: Steve Harrah 3008-08 Brian Collins 1543-A  
Certificate No. Assistant Foreman  
Countersigned: Rick Fortin 28234  
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 10-29-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 20 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 1 of RCR with crew at end of shift at start of shift

Signatures and Certificates: Brian Collins (Assistant Mine), Rick Bates (Mine Foreman-Mine Manager), and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-27-07 20 Section or Area Examined #4 Section
Time of Examination: from 12:02 a.m. or p.m. to 12:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 10:55 AM
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CHY, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: OXCH4, 0 ppm CO, 22.65% O2 detected at time of exam
Track, roadway, haulage, firewater, chargers, Intake Phone, Refuge Ok at time of exam
Buft ribs across section

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 Brian Collins 154377 Certificate No.
Countersigned Rick Foster 28734 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 10-30-09 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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) Track, Travelways, + Outby Air Chamber Clear at Time of Exam

Signatures and names: 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 10-30 20\_\_\_ Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 5:20 a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_ no \_\_\_  
 By whom R. Lafferty Time 6:06 A.M. \_\_\_ P.M.  
 Report received by E. H. Hama  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>C HUO% 0220.8%</u>	<u>none observe</u>	
2. <u>2R</u>	<u>NOT Bolted</u>	<u>REFI</u>
3. <u>3</u>	<u>none observe</u>	
4. <u>4R</u>	<u>SCIAL</u>	<u>REFI</u>
5. <u>5</u>	<u>none observe</u>	
6. <u>6</u>	<u>SCIAL</u>	<u>REFI</u>
7. <u>7</u>	<u>NOT Bolted</u>	<u>REFI</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>18468</u>		
<u>R LOB</u>	<u>19817</u>		

Remarks: Power center and roadway clear at time of exam  
C HUO% Or 20.8%  
Out by shelter clear at time of exam

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

Signed By Randall Lafferty 38424  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Push Foster 28736  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
E. H. Hama 39058  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-30-09 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2R</u>	<u>not bolted</u>	<u>Bolted, chow &amp; dust</u>
2. <u>4R</u>	<u>Scrap cut</u>	<u>Finish cut</u>
3. <u>6</u>	<u>Scrap cut</u>	<u>Finish c.T</u>
4. <u>7</u>	<u>not bolted</u>	<u>Bolted chow &amp; dust</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7-730</u>	<u>0%</u>	11. _____	_____	_____
2. <u>1-7</u>	<u>9-930</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-7</u>	<u>11-1130</u>	<u>0%</u>	13. _____	_____	_____
4. <u>1-7</u>	<u>1-135</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 28  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

none over Pg 5 PARR Bldg Roof com

PLA  
6:00 AM  
[Signature]  
Assistant Mine

3905606  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager  
R. P. [Signature]

37307  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-30-09 20. Section or Area Examined #4 bottom  
 Time of Examination: from 1:30 a.m. or pm to 2:30 a.m. or pm.  
 Was this report phoned to outside: Yes  no   
 By whom James Woods Time 2:55 PM  
 Report received by Bruce Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CH4 0%</u>	<u>N/A</u>
2. <u>2L</u>	<u>SCRAP cut</u>	<u>none</u>
3. <u>3</u>	<u>  </u>	<u>Reflected</u>
4. <u>4</u>	<u>  </u>	<u>none</u>
5. <u>5</u>	<u>  </u>	<u>N/A</u>
6. <u>6</u>	<u>  </u>	<u>N/A</u>
7. <u>7</u>	<u>  </u>	<u>NOT Bolted</u>
8.		<u>Reflected</u>
9.		<u>Reflected</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>L 20,295</u>		
	<u>R 21,442</u>		

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam  
trunkways, walkways, haulways, purccurites and  
outby shelter clus at TOE

Intake Phove OK At Exam

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

Signed By James Woods 37383 Preshift Mine Examiner  
 Countersigned Rick Foster 26736 Mine Manager—Mine Foreman  
Bruce Collins Assistant Foreman  
 1543-A 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 10-30-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/O</u>	<u>none</u>
2. <u>2L</u>	<u>SCRAP cut</u>	<u>mined cut</u>
3. <u>3, 4, 5</u>	<u>N/O</u>	<u>none</u>
4. <u>6</u>	<u>not Bolted</u>	<u>Bolted to face</u>
5. <u>7</u>	<u>not Bolted</u>	<u>Bolted to face</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-706</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-700</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1045</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return L</u>	<u>638</u>	<u>0%</u>	6. _____	_____	_____
2. <u>" R</u>	<u>706</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>" L</u>	<u>1009</u>	<u>0%</u>	9. _____	_____	_____
5. <u>V R</u>	<u>1038</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 30  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 2 of R.C.P. with  
chase at start of shift at end of track

Benjamin Collins Assistant Mine Certificate No. 1543-A  
Rich Post Mine Foreman-Mine Manager Certificate No. 28734  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-30-09 20 Section or Area Examined 4 section
Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Collins Time A.M. 1055 P.M.
Report received by Dan Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '#1 Obch', 'ADD Cleaning', 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with CFM values of 20.412 and 21.506.

Remarks: OBCHY OB CO 208202

Track Travelways PC, Chargers, out by shelters, Intake Phone clear AT TOE

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

Signed By Brian Collins 1543-A Certificate No.
Countersigned Rick Foster 28736 Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 10-31 2009 Section or Area Examined 4 section  
Time of Examination: from 2:25 a.m. or p.m. to 3:45 a.m. or p.m.  
Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>section IS Idle</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT 20.623</u>		
	<u>RT 21.472</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% ch<sub>4</sub> Oppm C.O. 20.8% O<sub>2</sub>  
Track, Travelways PC Chargers outBy Shelter Intake  
Phone Clear At Toe

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

Signed By H. J. Col 1947-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned B. B. Foster 2872  
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



Use Indelible  
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-31 2009 Section or Area Examined 4 Section

Time of Examination: from 12:00 a.m. or 3:00 p.m. to 3:00 a.m. or 3:00 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.	<u>1</u>	<u>0% CH<sub>4</sub></u>	<u>add cleaning</u>	<u>reported</u>
2.	<u>2L</u>	<u>needs cleaned/dusted</u>	<u>reported</u>	<u>reflectors</u>
3.	<u>2</u>	<u>scrap</u>	<u>reported</u>	<u>reflectors</u>
4.	<u>3R</u>	<u>needs cleaned/dusted</u>	<u>reported</u>	<u>reflectors</u>
5.	<u>3</u>	<u>" " "</u>	<u>reported</u>	<u>reflectors</u>
6.	<u>4</u>	<u>were observed</u>	<u>were</u>	<u>reflectors</u>
7.	<u>5</u>	<u>scrap</u>	<u>reported</u>	<u>reflectors</u>
8.	<u>2LR</u>	<u>part broken</u>	<u>reported</u>	<u>reflectors</u>
9.	<u>7</u>	<u>needs cleaned/dusted</u>	<u>reported</u>	<u>reflectors</u>
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB Left</u>	<u>26,525</u>		
<u>Right</u>	<u>26,975</u>		

Remarks: 0% CH<sub>4</sub> - 0% CO - 26.8% O<sub>2</sub> - tracks, travelways, pass  
chargers clear at time of exam -  
outby air chamber, intake phone - ok at exam

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

Signed By George Curry 27429  
Preshift-Mine Examiner Certificate No.  
Countersigned Rich Foster 28782  
Mine Manager - Mine Foreman Assistant Foreman Certificate No.

Assistant Foreman

G. Curry 1947-A Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 10-31 2009 Section or Area Examined H section
Time of Examination: from 9:15 a.m. or (P.M.) to 9:37 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. Row 1: Section IDle.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, LT, 20,742. Row 2: RT, 21,134.

Remarks: 0.4 CH4 10.8% O2 Oppm C.O. Tracks, Travel ways, PC's, Chargers, D-Boxes Clear At Time of exam

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

Signed By Greg Cole 1947-A
Countersigned Rich Foster 28732
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 11-1 2009 Section or Area Examined W section  
 Time of Examination: from 3:30 a.m. or p.m. to 3:43 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section IDIE</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>L+ 20,628</u>		
	<u>R+ 21,073</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub>ppm C.O. Track, Travelways,  
Pc' Chargers, D-Boxes clear At Time of Exam

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

Signed By [Signature] 1947-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 28736  
 Mine Manager Mine Foreman

Assistant Foreman  
 Superintendent or Assistant  
[Signature] 39199

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-1 2009 Section or Area Examined # 4  
 Time of Examination: from 100 a.m. or (p.m.) to 130 a.m. or (p.m.)  
 Was this report phoned to outside: Yes no ✓  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB L</u>	<u>18,460</u>		
<u>R</u>	<u>22,160</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected at exam  
Chamber, Intake Phase OK at exam  
Track, Tracelway, Chargers, D-Boxer OK at exam

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

Signed By Jay Stewart 39199  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Rick Foster 28234  
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.  
Ray Peterson 29611  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 11-1 20 9 Section or Area Examined # 4
Time of Examination: from 9:20 a.m. or p.m. to 9:49 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 items 1-7.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data.

Remarks: NoCH4 Lect. 0% 20.802 COO%
Tranclways + track clean at exam,
Phone Intake + Bus' air cham. OK
Power Center OK

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

Signed By [Signature] Certificate No. 29611
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2877

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 11-2-09 Shift 3rd Area or Section 4 Sec.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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) TRACK, TRAVELWAYS, + Outby

Air Chamber Clear at Time of Exam. Signatures: Assistant Mine Foreman (Randall Lefferty), Mine Foreman (Rick Anta), Superintendent (28736).

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-2 20 Section or Area Examined #4
Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. L. Jeffers Time 5:59 A.M. P.M.
Report received by S. J. Hermal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-6 with descriptions like 'needs add' clean, water, & face' and actions like 'Ref'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with CFM values 17442 and 18620.

Remarks: Power center And Roadways clear at time of exam
CH4 0% O2 20.8%
Out by Shelter clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Randall Jeffers 38424 Certificate No.
Countersigned R. L. Jeffers 23732 Assistant Foreman Certificate No. 39066-08
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-2 Shift DAY Area or Section # 4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1, 2, 3, 5, 6.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-7.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Contains handwritten entries for return air courses.

Number of Bolts Tested 20 Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Pg. 3 Roof Cont. Plan PARA A-F with crew at 6:50 AM. [Signatures and Certificate Numbers]

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-2-09 20. Section or Area Examined #4  
 Time of Examination: from 1 a.m. or 9 p.m. to 2 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Haccatt Time 3 A.M.   
 Report received by Bruce Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH4 0%</u>	<u>N/A</u>	<u>none</u>
2. <u>2 "</u>	<u>N/A</u>	<u>none</u>
3. <u>3 "</u>	<u>SCRAP cut</u>	<u>Replaced</u>
4. <u>4R "</u>	<u>needs cleaned &amp; dusted</u>	<u>Repaired</u>
5. <u>5 "</u>	<u>Part Bolted</u>	<u>Replaced</u>
6. <u>6 "</u>	<u>N/A</u>	<u>none</u>
7. <u>7 "</u>	<u>N/A</u>	<u>none</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lab</u>	<u>Lt 20,600</u>		
	<u>Rt 21,235</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O2 0% CH4 8ppm at time of exam

trunkings, walkways, haulways, passageways and  
outlet shelter clear at time of exam

Intake Phone ok at time of exam

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

Signed By [Signature] 3905-08 Bruce Collins 1543-A  
 Pre-shift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 28733  
 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 11-2-09 Shift Even Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1+2</u>	<u>N/O</u>	<u>none</u>
2. <u>3</u>	<u>SCRAP cut</u>	<u>mined cut</u>
3. <u>4R</u>	<u>needs cleaned + dusted</u>	<u>cleaned + dusted</u>
4. <u>5</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
5. <u>G+7</u>	<u>N/O</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1045</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 630</u>	<u>0%</u>	6. _____	_____	_____
2. <u>"</u>	<u>R 700</u>	<u>0%</u>	7. _____	_____	_____
3. <u>"</u>	_____	_____	8. _____	_____	_____
4. <u>"</u>	<u>L 1010</u>	<u>0%</u>	9. _____	_____	_____
5. <u>"</u>	<u>R 1039</u>	<u>0%</u>	10. _____	_____	_____

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

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

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

Found page 4 part 3 of RCL mill  
down at end of TR at start of shift

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

Bob Fister  
Mine Foreman-Mine Manager

28236  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-2-09 20. Section or Area Examined #4 Section  
Time of Examination: from 12:00 a.m. or 6:00 p.m. to 10:45 a.m. or 6:00 p.m.  
Was this report phoned to outside: Yes no  
By whom Brian Collins Time A.M. 11:15 PM  
Report received by JA SA (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CHY	Violation or Hazardous Condition	Action Taken
#1	OK	None observed	None
#2	OK	Scrap cut	Reflected
#3 Right	OK	Part bolted	" "
#4	OK	None observed	None
#5 Right	OK	Scrap cut	Reflected
#6	OK	Part bolted	" "
#7	OK	Neck, clamp: broken	Reported
#8			
#9			
#10			

Air Measurements

Location	CFM	Location	CFM
L L.O.S.	20,510		
R L.O.S.	21,960		

Remarks: OK CHY, oppn to 20.25 ft detected at time of ex  
Truck, Traveling, power cables, charges, Intake hose, Refuse etc at time of ex

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 Brian Collins 1543-A Certificate No. 28732  
Preshift-Mine Examiner Assistant Foreman Certificate No.  
Countersigned Rick Foster 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 11-3-09 Shift 3rd Area or Section 4 Sect (UBB Barrier Section)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	None Observed	Rep.
2.	2	Scrap Cut	Ref
3.	3R	Part Bolted	Ref.
4.	4, 5R	Needs Cleaned + Dusted	Rep.
5.	6, 7	None Observed	Rep.
6.			
7.			
8.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	1-7	100-136 AM	0%	11.			
2.				12.			
3.	1-7	300-335 AM	0%	13.			
4.				14.			
5.	1-7	500-540 AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	LT Return	100 AM	0%	6.			
2.	RT Return	136 AM	0%	7.			
3.				8.			
4.	LT Return	500 AM	0%	9.			
5.	RT Return	540 AM	0%	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)

Track, Travelways, + Out by Air Chamber Clear At Time of Exam

Ronald M. Lafferty  
Assistant Mine Foreman

38424  
Certificate No.

Rich Foster  
Mine Foreman - Mine Manager

28236  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-3 20 43B Banner Section or Area Examined  
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R. Lafferty Time 5:15 A.M. P.M.  
 Report received by S. Schmal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH40% O220.8%</u>	<u>none observe</u>	
2. <u>2</u>	<u>SCRAP</u>	<u>REF.</u>
3. <u>3R</u>	<u>PAT Bolted</u>	<u>REF.</u>
4. <u>45R</u>	<u>needs channel dusted</u>	<u>Ref</u>
5. <u>607</u>	<u>none</u>	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>13840</u>		
<u>R LOB</u>	<u>16900</u>		

Remarks: Power center and Roadways clear at time Exam  
CH40% O220.5%  
Ribs FLAKING OFF  
O cut by Chamber clear at time of Exam

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

Signed By Randall Lafferty 38424 Assistant Foreman Certificate No.  
 Countersigned Rick [unclear] 28732 Mine Manager—Mine Foreman Certificate No. 31058-05  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-3 Shift Day Area or Section Panel 500

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2</u>	<u>SCIP</u>	<u>Corrected</u>
3. <u>3R</u>	<u>SCIP</u>	
4. <u>405R</u>	<u>wedges clean &amp; used</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>R Return</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>L Return</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>R Return</u>	<u>11:35</u>	<u>0</u>	10.		

Number of Bolts Tested 24  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 4 Panel 2-3 Roof area  
Fla with crew at 6:50 AM

[Signature] Assistant Mine Certificate No. 39008-08  
[Signature] Mine Foreman-Mine Manager Certificate No. 28236  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-3-09 20. Section or Area Examined #4 UBB Barrier Sect  
Time of Examination: from 1 a.m. or pm to 1:55 a.m. or pm.  
Was this report phoned to outside: Yes  no   
By whom Steve Hackett Time 3 A.M.   
Report received by Bruce Collins 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>CH4 0%</u>	<u>Part Bolted</u>	<u>Reflectors</u>
2. <u>2, 3, 3R</u> <u>"</u>	<u>N/A</u>	<u>none</u>
3. <u>4</u> <u>"</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
4. <u>5</u> <u>"</u>	<u>Not Bolted</u>	<u>Reflectors</u>
5. <u>6R</u> <u>"</u>	<u>needs cleaned + dusted</u>	<u>Requested</u>
6. <u>7</u> <u>"</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20,365</u>		
	<u>Rt 21,180</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

travelways, walkways, haulways, powerlines and  
authy shelter ok at time of exam

Intake Phone ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] 39058-08 Bruce Collins 1543-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] 28734  
Mine Manager—Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indefilble  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-3-09 Shift EW Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Part Bolted</u>	<u>bolted to full</u>
2. <u>2, 3, 3R</u>	<u>N/O</u>	<u>none</u>
3. <u>4</u>	<u>SCRAP cut</u>	<u>mined cut</u>
4. <u>5</u>	<u>NOT Bolted</u>	<u>bolted to full</u>
5. <u>6R</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
6. <u>7</u>	<u>SCRAP cut</u>	<u>mined cut</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u> <u>LT</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____ <u>RT</u>	<u>700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____ <u>LT</u>	<u>1010</u>	<u>0%</u>	9. _____	_____	_____
5. _____ <u>RT</u>	<u>1037</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 38  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)

Read page 4 part 4 of RGR  
with crew at end of shift at start of shift

Bruce Collins  
Assistant Mine

1543-19  
Certificate No.

Rich [unclear]  
Mine Foreman-Mine Manager

2823  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-3 209 Section or Area Examined #4  
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom B. Collins Time 11:00 P.M.  
 Report received by T. Peterson 29611  
 (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg's 0% CH <sub>4</sub>	used chains dusted	Rep.
2.	2	w/o	
3.	3L	SCRAP	Reflecta
4.	4	w/o	
5.	5	w/o	
6.	6	used chains dusted	Rep.
7.	7	SCRAP	Reflecta
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
LT <sub>1</sub>	20,170		
RT <sub>1</sub>	21,116		

Remarks: Acetylene 0% 20.80% CO<sub>2</sub>  
Tramways & track clear  
Power Center Clear  
Fresh Air Chamber clear & Intake Phone

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 B. Collins 1543A  
 Preshift Mine Examiner Certificate No.  
 Countersigned T. Peterson 28739  
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.

T. Peterson 29611  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-4-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	None Observed	Rep.
2.	2	Needs Adbl. Cleaning	Rep.
3.	3L	Part Bolted	Ref.
4.	4R	Needs Cleaned + Dusted	Rep.
5.	5	None Observed	Rep.
6.	6	Needs Cleaned + Dusted	Rep.
7.	7	Not Bolted	Ref.
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	100-138 AM	0%	11.		
2.			12.		
3. 1-7	300-339 AM	0%	13.		
4.			14.		
5. 1-7	500-540 AM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Return	100 AM	0%	6.		
2. RT Return	133 AM	0%	7.		
3.			8.		
4. LT Return	500 AM	0%	9.		
5. RT Return	540 AM	0%	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) Track, Travel ways, + Out by Air Chamber Clear AT Time of Exam

Randall J. [Signature]  
Assistant Mine

38424  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

2373  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-4 20\_\_\_\_ Section or Area Examined Barrier  
 Time of Examination: from 5:00 a.m. or p.m. to 5:46 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R. Lafferty Time 5:55 A.M. P.M.  
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>C. Hy 0% O2 20.8%</u>	<u>none observ</u>	
2. <u>2</u>	<u>needs add'l cleaning</u>	<u>Rel</u>
3. <u>3L</u>	<u>TNT Bolted</u>	<u>Rel</u>
4. <u>4R</u>	<u>needs cleaned &amp; dusted</u>	<u>Rel</u>
5. <u>5</u>	<u>none observ</u>	
6. <u>6</u>	<u>needs cleaned &amp; dusted</u>	<u>Rel</u>
7. <u>7</u>	<u>NOT Bolted</u>	<u>Rel</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L LOP</u>	<u>21413</u>		
<u>R LOP</u>	<u>22876</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center & Roadways clear at time of exam  
C Hy 0% O2 20.8%  
Outby shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38424  
 Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28732  
[Signature] Assistant Foreman Certificate No. 39058-05  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-9 Shift DAY Area or Section 3111er

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.	needs add'l chow	collectors
3.	PART BOLT	
4.	needs chow rods	
5.	needs chow rods	
6.	not bolted	
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	1-7	7:00-7:15	7		
2.			11.		
3.	1-7	9:00-9:15	12.		
4.			13.		
5.	1-7	11:00-11:15	14.		
6.			15.		
7.	1-7	100-11:30	16.		
8.			17.		
9.			18.		
10.			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	L Return	6:55	6.		
2.	R Return	7:35	7.		
3.			8.		
4.	L Return	10:55	9.		
5.	R Return	11:35	10.		

Number of Bolts Tested 26  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over above roof d.k.s. with crew at 6:50 p.m.

[Signature] Assistant Mine Foreman Certificate No. 2005-05  
[Signature] Mine Foreman-Mine Manager Certificate No. 29734  
Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-4-09 20 Section or Area Examined UBB Barrick Section  
Time of Examination: from 1 a.m. or pm to 1:55 a.m. or pm  
Was this report phoned to outside: Yes  no   
By whom Steve Harrah Time 3 PM  
Report received by Bruce Collins 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CH4 0%</u>	<u>none</u>
2. <u>2L</u>	<u>Part Bolted</u>	<u>Reflectance</u>
3. <u>2</u>	<u>SCRAP cut</u>	<u>Reflectance</u>
4. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>Reported</u>
5. <u>4</u>	<u>N/A</u>	<u>none</u>
6. <u>5</u>	<u>Part Bolted</u>	<u>Reflectance</u>
7. <u>6</u>	<u>SCRAP cut</u>	<u>Reflectance</u>
8. <u>7</u>	<u>needs cleaned &amp; dusted</u>	<u>Reported</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20,325</u>		
	<u>Rt 21,185</u>		

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

Travelways, walkways, haulageways, power intake and  
cutty shelter clean at time of exam  
Rops PLANK OFF  
Intake Phone clean at Time of exam

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

Signed By [Signature] Certificate No. 3905806  
 Countersigned [Signature] Mine Manager - Mine Foreman  
[Signature] Assistant Foreman Certificate No. 1543-A  
[Signature] Assistant Foreman Certificate No. 1658-A

Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-4-09 Shift AM Area or Section UBB Barrick Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 21 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 paragraphs 5 to entire crew at end of track

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 11-04 Section or Area Examined Barrier Section  
Time of Examination: from 10:16 a.m. or 10:45 a.m. or 6:00 p.m.  
Was this report phoned to outside: Yes no  
By whom Scott Bassett Time 11:00 A.M. P.M.  
Report received by Chief Cab. 1947-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Chk 4</u>	<u>Part Bolted</u>	<u>Reflectors</u>
2. <u>u</u>	<u>None observed</u>	
3. <u>2R u</u>	<u>scrap</u>	<u>Reflectors</u>
4. <u>3 u</u>	<u>None observed</u>	
5. <u>u</u>	<u>scrap</u>	<u>Reflectors</u>
6. <u>u</u>	<u>Part Bolted</u>	<u>Reflectors</u>
7. <u>u</u>	<u>None observed</u>	
8. <u>u</u>	<u>None observed</u>	
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20840</u>		
	<u>Rt 20200</u>		

Remarks: 0% CH4 20.8% O2 0ppm CO.  
Track, Travelways, Power centers, D-Boxes, Intake Phone,  
ADU+By Chamber clear At time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsafe conditions and practices observed by me are listed in this report.  
Signed By Scott Bassett Preshift-Mine Examiner Certificate No. 1658-A  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 25232  
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 11-5-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>Part Bolted</u>	<u>Ref.</u>
2.	<u>2R</u>	<u>Scrap Cut</u>	<u>Ref.</u>
3.	<u>3</u>	<u>Needs Adtl. Cleaning</u>	<u>Rep.</u>
4.	<u>4</u>	<u>None Observed</u>	<u>Rep.</u>
5.	<u>5</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
6.	<u>6</u>	<u>Not Bolted Rock Down</u>	<u>Ref.</u>
7.	<u>7</u>	<u>None Observed</u>	<u>Rep.</u>
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>100-137AM</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-7</u>	<u>300-337AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7</u>	<u>500-540AM</u>	<u>0%</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>LT Return</u>	<u>100AM</u>	<u>0%</u>	6.			
2.	<u>RT Return</u>	<u>137AM</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9.			
5.	<u>RT Return</u>	<u>540AM</u>	<u>0%</u>	10.			

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

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

Remarks - (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Out by Air Chamber Clear At Time of Exam

Randall Jaffeth Assistant Mine Foreman Certificate No. 38424  
Rob Zito Mine Foreman-Mine Manager Certificate No. 2803  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-5 20... Section or Area Examined BARRIER  
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.  
 Was this report phoned to outside: Yes NO  
 By whom Randy Laster Time 5:45 A.M. P.M.  
 Report received by R. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH4 0% O2 20.8%</u>	<u>PART Bolted</u>	<u>REF</u>
2. <u>2R</u>	<u>SCRAP</u>	<u>REF</u>
3. <u>3</u>	<u>needs Add'l Clean</u>	<u>REF</u>
4. <u>4</u>	<u>wone Obsen</u>	
5. <u>5</u>	<u>needs Clean and adjusted</u>	<u>REF</u>
6. <u>6</u>	<u>NOT Bolted Rock Down</u>	<u>REF</u>
7. <u>7</u>	<u>wone observe</u>	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>17296</u>		
<u>R LOB</u>	<u>15960</u>		

Remarks: Outby shelter, Power center And Roadways clear At the  
OP EXAM  
CH4 0% O2 20.8%

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 Randy Laster Preshift Mine Examiner Certificate No. 35424  
 Countersigned Rick Foster Mine Manager Certificate No. 28734  
R. Hall Assistant Foreman Certificate No. 37373  
39008-08  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-5-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Part bolted	bolted & chand doctel
2. #2	Scrap cut	Finish cut
3. #3	needs Add. Chand	chand & doctel
4. #5	needs chand & doctel	chand & doctel
5. #6	not bolted - Rock it	chrand up Rock & bolted up
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-730	0%	11.		
2. 1-7	9-930	0%	12.		
3. 1-7	11-11:30	0%	13.		
4. 1-7	1-130	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Rt Return	7:00	0%	6.		
2. Rt Return	7:30	0%	7.		
3.			8.		
4. Lt. Return	11:00	0%	9.		
5. Rt Return	11:30	0%	10.		

Number of Bolts Tested 25  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) next over TEST holes with crown AT

James Moore  
Assistant Mine

37383  
Certificate No.

Rock Astin  
Mine Foreman-Mine Manager

2823  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-5-09 Section or Area Examined UBB Barrier Section
Time of Examination: from 1:30 a.m. or P.m. to 2:30 a.m. or P.m.
Was this report phoned to outside: Yes [X] no
By whom James Woods Time A.M. 3:10 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'CH4 0%', 'NOT Bolted', 'needs Add cleaning', 'needs 1 Bow'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with 'Lt' and 'Rt' measurements of 20,100 and 21,950 CFM.

Remarks: 20.8% O2 0% CH4 0ppm at time of exam
travelways, walkways, haulageways, powercenter and
outby shelter clear at time of exam
intake Rhume ok at time of exam

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

Signed By James Woods (Preshift-Mine Examiner, Certificate No. 37383)
Countersigned Rick Foster (Mine Manager-Mine Foreman, Certificate No. 28732)
Bruce Collins (Assistant Foreman, Certificate No. 1543-A)
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-5-09 Shift DVE Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>not Bolted</u>	<u>hatted to face</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. <u>4R</u>	<u>N/A</u>	<u>none</u>
5. <u>5R</u>	<u>not Bolted</u>	<u>hatted to face</u>
6. <u>6</u>	<u>needs Add cleaning</u>	<u>cleaned &amp; dusted</u>
7. <u>7</u>	<u>Needs 1 Row</u>	<u>hatted to face</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>R 700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	<u>L 1010</u>	<u>0%</u>	9. _____	_____	_____
5. _____	<u>R 1032</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 30 Below Range 0

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

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

See page 4 part 3 of REP  
with crew at end of TK at start of shift

Bruce Collins  
Assistant Mine

1543A  
Certificate No.

Rick Pate  
Mine Foreman-Mine Manager

2823  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-5-09 20 Section or Area Examined 4 section  
 Time of Examination: from 1000 a.m. or 1050 a.m. or 1100 a.m. or 1100 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Collins Time 11:00 P.M.  
 Report received by Alan D. [Signature]  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>0% ch 4</u>	<u>Cleaned &amp; dusted</u>	<u>Reported</u>
2. <u>2</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflected</u>
3. <u>3</u> <u>"</u>	<u>Scrap</u>	<u>Reflected</u>
4. <u>4</u> <u>"</u>	<u>N/A</u>	<u>none</u>
5. <u>5</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflected</u>
6. <u>6</u> <u>"</u>	<u>Cleaned &amp; dusted</u>	<u>Reported</u>
7. <u>6R</u> <u>"</u>	<u>Scrap</u>	<u>Reflected</u>
8. <u>7</u> <u>"</u>	<u>N/A</u>	<u>none</u>
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>20,046</u>	_____	_____
<u>RT</u>	<u>21,617</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OB ch 4, 02200, 208202  
Track Travelways walkways clear  
PC, chargers, outby shelters, Intake Phone clear

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

Signed By \_\_\_\_\_  
 Preshift-Mine Examiner  
 Certificate No. \_\_\_\_\_  
 Assistant Foreman  
 Countersigned [Signature]  
 Mine Manager—Mine Foreman  
 Certificate No. 23736  
 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 11-6-09

Shift 3rd

Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	None Observed	Rep.
2. 2	Not Bolted	Ref.
3. 3, 4	None Observed	Rep.
4. 5, 7	Needs Addl. Cleaning	Rep.
5. 6	Not Bolted	Ref.
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	100-136 AM	0%	11.		
2.			12.		
3. 1-7	320-337 AM	0%	13.		
4.			14.		
5. 1-7	500-540 AM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Return	100 AM	0%	6.		
2. RT Return	136 AM	0%	7.		
3.			8.		
4. LT Return	500 AM	0%	9.		
5. RT Return	540 AM	0%	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)

TRACK, Travelways, + Outby Air

Chamber Clear at Time of Exam

Randall Lafferty Assistant Mine Foreman

38424 Certificate No.

Rick Rosta Mine Foreman-Mine Manager

2872 Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-6 20. Section or Area Examined Panel  
Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom R. Lafferty Time 5:55 (A.M.) P.M.  
Report received by E. Hama  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH40% O220.8%</u>	<u>none observ</u>	
2. <u>2</u>	<u>NOT Bolted</u>	<u>Ref.</u>
3. <u>3,4</u>	<u>none observ</u>	
4. <u>5</u>	<u>needs add'l clean</u>	<u>Ref</u>
5. <u>6</u>	<u>NOT Bolted</u>	<u>Ref.</u>
6. <u>7</u>	<u>needs add'l clean</u>	<u>Ref</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>19670</u>		
<u>RLOB</u>	<u>20,240</u>		

Remarks: Power enter And Roadways clear At time of Exam  
Outby shelter clear At time of Exam  
CH40% O220.8%  
R. 6's cleared detatted <sup>and</sup> PLAKING OFF

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

Signed By Randall Lafferty Certificate No. 38424  
Countersigned Rich Foster Mine Manager - Mine Foreman Certificate No. 28736  
Assistant Foreman [Signature] Certificate No. 99058-08  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-6-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include #2-6 (not bolted), #5-7 (needs Add'l clean).

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries show 0% methane at various times and locations (1-7).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries show 0% methane in return air courses (L-Retom, R-Retom).

Number of Bolts Tested 20 Number of Bolts Torqued Above Range 0 Below Range 0

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-6-09 20. Section or Area Examined #4 section Barrier Sect.  
Time of Examination: from 1:30 a.m. or 0 m. to 2:30 a.m. or 0 m.  
Was this report phoned to outside: Yes  no   
By whom James Woods Time 3 A.M.   
Report received by Brian Collins 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1+2</u> <u>CH4 0%</u>	<u>N/O</u>	<u>NONE</u>
2. <u>3</u> <u>"</u>	<u>needs cleaned + dusted</u>	<u>Reported</u>
3. <u>4+5</u> <u>"</u>	<u>N/O</u>	<u>NONE</u>
4. <u>6</u> <u>"</u>	<u>needs cleaned + dusted</u>	<u>Reported</u>
5. <u>7</u> <u>"</u>	<u>NOT Batted</u>	<u>Reflectors</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements		Location	CFM
	CFM			
<u>LOB</u>	<u>Lt</u>	<u>20,100</u>		
	<u>Rt</u>	<u>21,050</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: 20.8% O2 0% CH4 0ppm Co At time of Exam  
trunchays, walkways, haulways, powercable and  
cutting shelds<sup>OK</sup> at time of Exam  
Airtake Phone OK At time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By James Woods Preshift-Mine Examiner 32383 Certificate No.  
Countersigned Rick Jeter Mine Manager—Mine Foreman 23736  
Brian Collins Assistant Foreman 1543-A Certificate No.  
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 11-6-09 Shift eve Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1+2</u>	<u>N/A</u>	<u>none</u>
2. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3. <u>4+5</u>	<u>N/A</u>	<u>none</u>
4. <u>6</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
5. <u>7</u>	<u>Not Belted</u>	<u>halted to full</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1045</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>R 700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	<u>L 1009</u>	<u>0%</u>	9. _____	_____	_____
5. _____	<u>R 1038</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 20  
Number of Bolts Torqued Above Range 2 Below Range 2

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)

copy at start of shift at end of TR  
Bruce Collins  
Assistant Mine

1543-11  
Certificate No.

Rick Zoster  
Mine Foreman-Mine Manager

2823  
Certificate No.

Superintendent or Assistant

Read page 4, part 4 of RCP with

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-09 20 Section or Area Examined UBB-BARNER SECTION
Time of Examination: from 1000 a.m. or p.m. to 1015 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Collins Time A.M. 1100 P.M.
Report received by Dan Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'Add cleaning', 'Cleaned and Dusted', 'none observed', 'Scrapcut', 'Part Bolted', 'Add cleaning', 'Scrap', 'Part Bolted', 'Cleaned - dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: CT 20,019, RT 2,612.

Remarks: OZCY OZCO 20,820Z
PC'S, Charges, Traveling 5 DK
Refuge Intake Phase OK

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 Bruce Collins Preshift-Mine Examiner Certificate No. 1543-A
Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 28756
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 11-7-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2</u>	<u>Scrap Cut</u>	<u>Ref.</u>
3. <u>3</u>	<u>Part Bolted</u>	<u>Ref.</u>
4. <u>4</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
5. <u>5, 7</u>	<u>Gob in Face</u>	<u>Rep.</u>
6. <u>6</u>	<u>Scrap Cut</u>	<u>Ref.</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-136 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>300-341 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>500-540 AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>136 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>500 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>540 AM</u>	<u>0%</u>	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) TRACK, TRAVELWAYS, + Out by Air Chamber Clear at Time of Exam.

Randall Jeffers  
Assistant Mine

38424  
Certificate No.

Rob Katz  
Mine Foreman-Mine Manager

28235  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7 20-- Section or Area Examined Barrier  
Time of Examination: from 5:30 a.m. or p.m. to 5:45 a.m. or p.m.  
Was this report prepared to outside: Yes no  
By whom R. Lafferty Time 5:45 A.M. P.M.  
Report received by J. Hallar (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'CH4 0% O2 20.8%', 'none oxygen', 'SCRAP', 'PART BOWED', 'Needs Add'l cleaning', 'COBB', 'SCRAP', 'COBB'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'L LOA 19551', 'R LOA 20060'.

Remarks: Power center and Roadways clear AT time of exam  
CH4 0% O2 20.8%

ROPS FAKING

OUTBY SHELTER CLEAR AT TIME OF EXAM

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

Signed By Randall Lafferty, Certificate No. 38424  
Countersigned Paul Heath, Mine Manager-Mine Foreman, Certificate No. 28731  
Assistant Foreman J. O. Hallar, Certificate No. 39058-08  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-7 Shift DAY Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include SCIAL, PART Bolted, weeds add'l clean, Gob, Gob.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show times like 7:00-7:30, 9:00-9:30, 11:00-11:30, 1:00-1:30 with Methane Content marked as empty circles.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries include L Retn, R Retn with times like 6:55, 7:35, 10:55, 11:35 and Methane Content marked as empty circles.

Number of Bolts Tested 26 Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over 25' high work area w/

Signatures and Certificates: Assistant Mine Foreman, Mine Foreman-Mine Manager, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7-09 Section or Area Examined Barrier Section
Time of Examination: from 1 a.m. or p.m. to 1:55 a.m. or p.m.
Was this report phoned to outside? Yes [checked] no
By whom Steve Macrae Time 3 A.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 detailing observations like CH4 0%, N/A, NOT Bolted, SCRAP cut, Part Bolted, and Reflectors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements for LOB at Lt (20135) and Rt (20980).

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam
tunnels, walkways, haulageways, powercables and outby shelter ok at time of exam
Intake Phone ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 39008-08 Bruce Collins Assistant Foreman 1543-A Certificate No.
Countersigned [Signature] 20734 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 H-7-09 Shift eve Area or Section Banook Sect

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1st	N/A	none
2.	2R	NOT Bolted	halted to face
3.	4	SCRAP cut	mined cut
4.	5	Part Bolted	halted to face
5.	6	SCRAP cut	mined cut
6.	7	N/A	none
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	430-500	0%	11.		
2.			12.		
3. 1-7	630-700	0%	13.		
4.			14.		
5. 1-7	830-900	0%	15.		
6.			16.		
7. 1-7	1000-1050	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return L	630	0%	6.		
2. R	700	0%	7.		
3. L	1013	0%	8.		
4. R	1041	0%	9.		
5.			10.		

Number of Bolts Tested 16  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4, part 5 of REP with cover at end of TK at start of shift  
Bruce Collins Assistant Mine 1543-A Certificate No. Rick Bate Mine Foreman-Mine Manager 2873 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7-69 20:09 Section or Area Examined ~~Gate~~ Bunker  
Time of Examination: from 10:00 a.m. or p.m. to 10:00 a.m. or p.m.  
Was this report phoned to outside: Yes  No   
By whom ~~Ray~~ B. Collins Time 11:00 P.M.  
Report received by ~~Ray~~ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. cty 03	NOT B. Rd	Reported
2. 2	nuds G/S	Reported
3. 3		
4. 4		
5. SXC	nuds c/s	reported
6. GXC	scrap	Reported
7. 7	nuds c/s	Reported
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Left	20,013		
Right	21,100		

Remarks: Travelways of haulways clean at time of exam  
Room empty of cylinders - ok  
Air chamber - ok  
rotunda above - ok  
CO 0.9  
O2 20.8%

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 Bruce Collins 1543-A Certificate No. 28736  
Countersigned Rick Foster Mine Manager - Mine Foreman  
Ray Assistant Foreman Certificate No. 3284  
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 N-8 2009 Section or Area Examined Barrier  
 Time of Examination: from 4:00 a.m. or p.m. to 4:20 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought out  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>section IDle</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

### Air Measurements

Location	CFM	Location	CFM
<u>LoB</u>	<u>LT</u>		
	<u>20.147</u>		
	<u>Rt</u>		
	<u>21063</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: Track, Travel ways, Power centers, Chargers, OutBy chamber,  
Intake Phone OK AT TIME OF exam  
0% CH4 20.8% O2 0ppm C.O. Detected AT TIME OF exam

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

Signed By Greg Cole 1947-A  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Mark Foster 28736  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
Joe Stewart 39199  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-8 2009 Section or Area Examined # 4 Section

Time of Examination: from 12 a.m. or (p.m.) to 3 a.m. or (p.m.)

Was this report phoned to outside: Yes no ✓

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

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

(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Talle</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB RT</u>	<u>22,420</u>		
<u>LF</u>	<u>20,742</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

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

0% CH4, 0% CO, 20.87 O2 Detected at exam  
Track, Travelway, Changer, Powercenter, D-Box OK at exam  
Chamber OK at exam  
Intake Phase OK at exam

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

Signed By Jacq Stewart 39199 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned Rich Foster 28732 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 11-8 20 9 Section or Area Examined #950
Time of Examination: from 7:30 a.m. or p.m. to 10:49 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: #1 Hdgs. 0% CH4, mud (now) bolts in face, Reflectionburg. Row 2: 2, n/a. Row 3: 3, n/a. Row 4: 4, n/a. Row 5: 5, n/a. Row 6: 6, n/a. Row 7: 6 RT, mud clean dusted, Rys. Row 8: 7, n/a.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: RT, 19,050. Row 2: RT, 21,540.

Remarks: NoCH4 detect 0% 20.802 CO0%
Power Center clean
Track & Travelways clean at exam
Fresh air SF, clean & Phone

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 29611
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-9-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as 'Part Bolted', 'None Observed', 'Needs Cleaned + Dusted', and 'Rep.'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for methane examinations at location 1-7 with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten entries for methane examinations in return aircourses (LT Return, RT Return) with 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber Clear at Time of Exam

Signatures and titles: Assistant Mine Foreman (Randall Lafferty), Certificate No. 38424, Mine Foreman-Mine Manager (Rick Jester), Certificate No. 2822, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-9-20 Section or Area Examined BANNER  
Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom R. Lafferty & Egan Time 5:55 AM P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 CH40% 22.8% PART BOTTLED		REF
2	none obser	
3 L	needs cleaned & dusted	REF
4 4, 5R	none obser	
5 6R	needs dusted	REF
6 7	none obser	
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L LOB	21280		
R LOB	19019		

Remarks: Power center and Roadways clear AT TIME OF EXAM  
CH40% 22.8%

Ribs FLAKING OFF

Duty Station Clear AT TIME OF EXAM

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

Signed By Randall Lafferty 38424 Certificate No. 2872  
Countersigned Rick Egan 29098 of  
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 11-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Part 3014</u>	<u>correct</u>
2. <u>3L</u>	<u>needs cleaned dust</u>	<u>(Large bracket spanning rows 2, 3, 4)</u>
3. <u>6R</u>	<u>needs dust</u>	
4. <u>6R</u>	<u>needs dust</u>	
5. <u>6R</u>	<u>needs dust</u>	
6. <u>6R</u>	<u>needs dust</u>	
7. <u>6R</u>	<u>needs dust</u>	
8. <u>6R</u>	<u>needs dust</u>	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>C Retn</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Retn</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Retn</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Retn</u>	<u>11:35</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 32  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over examining Roof Ribs  
w. 22 Cues at 6:00 pm.

[Signature] Assistant Mine 32058-08 Certificate No. [Signature] Mine Foreman-Mine Manager 28736 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-9-09 20 Section or Area Examined Barrier Sect.
Time of Examination: from 1 a.m. or 6 p.m. to 1:55 a.m. or 6 p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Haggah Time A.M. 250 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10.
1. CH4 0.9, Water in face, Reported
2. //, N/A, none
3. //, SCRAP cut, Reflectors
4. //, N/A, none
5. //, SCRAP cut, Reflectors
6. //, Part Belted, Reflectors
7. //, N/A, none

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM.
LOB Lt 20,635
Rt 21,200

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

timberways, walkways, haulways, powercenter and other shelter at time of exam

Intake Phone OK at time of exam

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

Signed By [Signature] 3008-05 Brian Collins Assistant Foreman Certificate No. 1543-A
Countersigned: [Signature] Mine Manager - Mine Foreman Certificate No. 2873C
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 11-9-09 Shift eve Area or Section Banish section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Water in Face</u>	<u>Reported</u>
2. <u>2</u>	<u>N/A</u>	<u>none</u>
3. <u>3</u>	<u>SCRAP cut</u>	<u>mined cut</u>
4. <u>4</u>	<u>N/A</u>	<u>none</u>
5. <u>5</u>	<u>SCRAP cut</u>	<u>mined cut</u>
6. <u>6</u>	<u>Paint batted</u>	<u>hatted to face</u>
7. <u>7</u>	<u>N/A</u>	<u>none</u>
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>440-510</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 636</u>	<u>0%</u>	6.		
2.	<u>R 708</u>	<u>0%</u>	7.		
3.	<u>L 1010</u>	<u>0%</u>	8.		
4.	<u>R 1040</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested 30  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Just page 4 part 5 of RCR with crew at end of TK at start of shift

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

Paul Foster  
Mine Foreman-Mine Manager

29736  
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 2009 Section or Area Examined Barrier  
 Time of Examination: from 10:00 a.m. or 10:55 p.m. to 10:55 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Brian Collins Time 10:55 P.M.  
 Report received by Lyndale 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch4	Violation or Hazardous Condition	Action Taken
1.	#1	0%	Water	Reported
2.	#2	0%	SCFAL	Reflectors
3.	3R	0%	Cleaned and Dusted	Reported
4.	4	0%	Part Bolted	Reflectors
5.	5R	0%	Cleaned and Dusted	Reported
6.	6	0%	Cleaned And Dusted	11
7.	7	0%	None observed	None
8.	7R Upper Room	0%	SCFAL	Reflectors
9.	7R Lower Room	0%	Cleaned and Dusted	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	LT 20,107		
	RT 20,705		

Remarks: 20.8% O2 0% ch4 0ppm C.O.

Travel ways, walkways, Haulage ways, Powercables, Outby Chamber, Intake Phone OK At Time of exam

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

Signed By Brian Collins 1543-17 Assistant Foreman Certificate No.  
 Countersigned Rich Baker 28285 Mine Manager—Mine Foreman Certificate No.  
 Assistant Foreman

Lyndale 1947-A

Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-10-09 Shift 3rd

Area or Section WBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2</u>	<u>Scrap Cut</u>	<u>Ref.</u>
3. <u>3R</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
4. <u>4</u>	<u>Part Bolted</u>	<u>Ref.</u>
5. <u>5</u>	<u>Scrap Cut</u>	<u>Ref.</u>
6. <u>6</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
7. <u>Upper Room 7R.</u>	<u>None Observed</u>	<u>Rep.</u>
8. <u>Lower Room 7R</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7R</u>	<u>100-140AM</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7R</u>	<u>300-341AM</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7R</u>	<u>500-550AM</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100AM</u>	<u>0%</u>	6.		
2. <u>RT Return</u>	<u>140 am</u>	<u>0%</u>	7.		
3.			8.		
4. <u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9.		
5. <u>RT Return</u>	<u>550AM</u>	<u>0%</u>	10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Out by Air Chamber Clear AT TIME OF EXAM

Randall Lafferty  
Assistant Mine

38424  
Certificate No.

Rich Zator  
Mine Foreman-Mine Manager

28736  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-10 20 Section or Area Examined BAYNE
Time of Examination: from 5:10 a.m. or p.m. to 5:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. L. Jefferys Time 5:50 A.M. P.M.
Report received by Randall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-10 with descriptions like 'none observed', 'scrub', 'weeds add'l clean', 'PART Bolted', and 'Ref'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for L LOB (13433) and R LOB (16891).

Remarks: Power center And Roadways Out by Air Chamber Clear AT Time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Randall Jefferys 38424 Certificate No.
Counter signed Rick Smith 2226 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 11-10-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for items #2, #3, and #4.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for locations 1-7.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for return air courses.

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

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

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

Signatures and titles: Assistant Mine, Certificate No. 37363, Mine Foreman-Mine Manager, Certificate No. 2872, Superintendent or Assistant.

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-10-09 20. Section or Area Examined Barrick Section  
 Time of Examination: from 1:30 a.m. or pm to 2:30 a.m. or pm.  
 Was this report phoned to outside: Yes  no   
 By whom James Woods Time 3 A.M.   
 Report received by Bruce Collins 1543-A  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>CH4 0%</u>	<u>N/A</u>	<u>None</u>
2. <u>2</u> <u>"</u>	<u>needs cleaned &amp; dusted</u>	<u>Reported</u>
3. <u>3</u> <u>"</u>	<u>N/A</u>	<u>None</u>
4. <u>4R</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflectors</u>
5. <u>5</u> <u>"</u>	<u>needs Add cleaning</u>	<u>Reported</u>
6. <u>6R</u> <u>"</u>	<u>needs cleaned &amp; dusted</u>	<u>Reported</u>
7. <u>7R Upper Room</u> <u>"</u>	<u>N/A</u>	<u>None</u>
8. <u>7R Lower Room</u> <u>"</u>	<u>N/A</u>	<u>None</u>
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 23,000</u>		
	<u>Rt 21,500</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% or 0% CH4 oppo co At time of Exam  
tunnelways, walkways, haulageways, pumpcentric and  
airty shelter ok at time of exam  
Intake Phone ok at Exam Time

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

Signed By James Woods Preshift Mine Examiner Certificate No. 3783  
 Countersigned Bruce Collins Mine Manager—Mine Foreman Certificate No. 28285  
Bruce Collins Assistant Foreman Certificate No. 1543-A  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-10-09 Shift Eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>None</u>
2. <u>2</u>	<u>Needs cleaned + dusted</u>	<u>cleaned + dusted</u>
3. <u>3</u>	<u>N/A</u>	<u>None</u>
4. <u>4R</u>	<u>Part Bolted</u>	<u>limited to face</u>
5. <u>5</u>	<u>Needs Add. cleaning</u>	<u>cleaned + dusted</u>
6. <u>6R</u>	<u>Needs cleaned + Dusted</u>	<u>cleaned + dusted</u>
7. <u>7R upper Room</u>	<u>N/A</u>	<u>None</u>
8. <u>7R Lower Room</u>	<u>N/A</u>	<u>None</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>6:30-7:00</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>8:30-9:00</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>10:00 <del>10:30</del> 10:50</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 6:30</u>	<u>0%</u>	6.		
2.	<u>R 7:00</u>	<u>0%</u>	7.		
3.	<u>L 10:13</u>	<u>0%</u>	8.		
4.	<u>R 10:44</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested 38  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) Read page 4 part 6 of RCP  
with crew at start of shift at end of track

Bruce Collins Assistant Mine Certificate No. 1543-A Rich Foster Mine Foreman-Mine Manager Certificate No. 2373C Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination ~~11-10~~ 11-10 2009 Section or Area Examined Barrier Section
Time of Examination: from 10:00 a.m. or 10:50 a.m. or 11:00 a.m. or 11:00 a.m. or 11:00 a.m. or 11:00 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Brian Collins Time 11:00 A.M. P.M.
Report received by Greg Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Ch4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '2 0% Cleaned and Dusted Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LoB' with values '26.036' and '20.412'.

Remarks: 20.8% O2 0% CH4 0ppm C.O. At Time of exam

Travelways, walkways, Haulageways, Power centers, OutBy Chamber, Intake phone, OK At time of exam

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

Signed By Brian Collins 1543-A Certificate No.
Countersigned Paul Foster 2973C Assistant Foreman Certificate No.
Assistant Foreman

Greg Cole 1947-A Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-11-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>Ref.</u>
3. <u>3, 4</u>	<u>None Observed</u>	<u>Rep.</u>
4. <u>5</u>	<u>Not Bolted</u>	<u>Ref.</u>
5. <u>6, 7</u>	<u>None Observed</u>	<u>Rep.</u>
6. <u>7 R. Upper Room</u>	<u>None Observed</u>	<u>Rep.</u>
7. <u>7 R. Lower Room</u>	<u>None Observed</u>	<u>Prep.</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7R</u>	<u>100-144am</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7R</u>	<u>300-346am</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7R</u>	<u>500-550am</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100am</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>144am</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>500am</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>550am</u>	<u>0%</u>	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber Clear at Time of Exam

Randall Zafferty  
Assistant Mine

38424  
Certificate No.

Rick Zate  
Mine Foreman-Mine Manager

2373  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-11-09 20 Section or Area Examined BARRSEN  
Time of Examination: from 5:00 a.m. or p.m. to 5:55 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom H. Lafferty Time 5:55 A.M. P.M.  
Report received by E. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-10 and observations like 'CH40% 0.20-5.0 none observe' and 'PART Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for locations L LOA and L LOB with CFM values 18753 and 13680.

Remarks: Power center and Roadways clear at time of EX  
CH40% 0.20-5.0%

Out by C. Hamber clear at time of EX.

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 Randall Lafferty, Certificate No. 38424  
Countersigned Mike Foster, Mine Manager - Mine Foreman, Certificate No. 2873  
Assistant Foreman, Certificate No. 37967  
Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-11-79 Shift DAY Area or Section #4/cent

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2	Roof bolted	bolted clean & dusted
2.	#5	no T bolted	bolted clean & dusted
3.			
4.			
5.			
6.			
7.			
8.			

### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7R	7-730	0%	11.		
2. 1-7R	9-930	0%	12.		
3. 1-7R	11-11:30	0%	13.		
4. 1-7R	1-135	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Return	700	0%	6.		
2. R Return	730	0%	7.		
3. L Return	1100	0%	8.		
4. R Return	1130	0%	9.		
5.			10.		

Number of Bolts Tested 25  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

James W. Wood Assistant Mine 37383 Certificate No. Rick J. Tate Mine Foreman-Mine Manager 2973 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-11-09 20 Section or Area Examined Barrier Section
Time of Examination: from 1:30 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom James Woods Time A.M. 3 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including locations like '1 CH4 0%', '2R 0%', '3 0%', '4 0%', '5 SR 0%', '6 0%', '7 0%', '8 7R upper room 0%', '9 7R lower room 0%' and actions like 'Paint Batted', 'SCRAP cut', 'Add cleaning', 'N/A', 'needs cleaned & dusted', 'Reflected', 'Reported', 'none'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains data for 'DOB' with 'Lt' at 21,000 and 'Rt' at 22,105 CFM.

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

Tunnels, walkways, haulways, passageways and outby shelter ok at time of exam

Intake phone ok at time of exam

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

Signed By James Woods (Preshift-Mine Examiner, Certificate No. 37383) Bruce Collins (Assistant Foreman, Certificate No. 1543-A)
Countersigned Rick Miller (Mine Manager-Mine Foreman, Certificate No. 2873)
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 11-11-09 Shift 2nd Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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)

Handwritten remarks: Read page 4 part 7 of R.R. with copy at end of TK at start of shift

Assistant Mine signature: Bruce Collins

Certificate No. 1543A

Mine Foreman-Mine Manager signature: Rick Feltz

Certificate No. 2873

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-11-07 20 Section or Area Examined #4 Section
Time of Examination: from 12:22 a.m. or p.m. to 10:58 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 10:58 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations like 'Right Upper Room' and 'Right Lower Room' with violations like 'Part bolted' and 'Screw cut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Left L.O.S.' (20,860) and 'Right L.O.S.' (21,211).

Remarks: OYCHY, 0 ppm CO, 20.8% O2 detected at time of exam.
Truck, Traveling, power cables, D-2080, KVM, chargers, intake phase, Refuge ok at time of exam

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

Signed By Brian Collins 1543-A Certificate No.
Countersigned Rick Foster 28736 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 11-12-09 Shift 3rd

Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	Water in Face	Rep.
2. 2+3	None Observed	Rep.
3. 4+5	None Observed	Rep.
4. 6+7	None Observed	Rep.
5. 8	Not Bolted	Rep.
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	100-136 AM	0%	11.		
2.			12.		
3. 1-8	300-338 AM	0%	13.		
4.			14.		
5. 1-8	500-545 AM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Return	100 AM	0%	6.		
2. RT Return	136 AM	0%	7.		
3.			8.		
4. LT Return	500 AM	0%	9.		
5. RT Return	545 AM	0%	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) Track, Travelways, + Outby Air Chamber Clear at Time of Exam

Randall Liberty Assistant Mine

35424 Certificate No.

Red Jeter Mine Foreman-Mine Manager

28232 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-12 20 1969 Section or Area Examined Barrier  
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time 5:55 A.M. P.M.  
 Report received by S. Homan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	water in face	Ref
2, 3 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observed	
3 4, 5 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observed	
4 6, 7 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observed	
5 8 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	NOT BOTTED	Ref.
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L LOP	19817		
R LOP	17100		

Remarks: Power center and Roadways clear At time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
out by S Hetter clear At time of exam

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

Signed By Randall Lafferty 38424 Certificate No.  
 Countersigned Rich Jester 28232 Certificate No. 1664-A  
 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-12-9 Shift Day Area or Section #4 Barrier

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include 'Water in face' and 'Not Bolted'.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries for L Ret and R Ret showing 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof Control plan paragraph 1st with entire crew at end of track

Signatures and titles: 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 11-12-09 20. Section or Area Examined Lower sections
Time of Examination: from 2 a.m. or p.m. to 250 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Sharon Resdue Time 3 A.M.
Report received by Reuben Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing locations like CH4 0%, 0%, 0%, 0%, 0%, 0%, 0%, 0%, 0% and actions like N/A, NOT Bolted, needs cleaned & dusted, Reported, none.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows for Return Lt (24870) and Rt (22300).

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

tunnels, walkways, haulage ways, power centers and other shelters clear at time of exam

Intake Plume ok at time of exam

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

Signed By Sharon Resdue (Preshift Mine Examiner, Certificate No. 1664-A) and Reuben Collins (Assistant Foreman, Certificate No. 1543-A)

Countersigned by Rich Foster (Mine Manager - Mine Foreman, Certificate No. 2823) and Assistant Foreman

Superintendent or Assistant

Date 11-12-09 Shift eve Area or Section Burns Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>not Belted</u>	<u>talked to face</u>
3. <u>3</u>	<u>no</u>	<u>none</u>
4. <u>4R</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
5. <u>5</u>	<u>N/A</u>	<u>none</u>
6. <u>6R</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
7. <u>7</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
8. <u>7R upper &amp; lower Rooms</u>	<u>N/A</u>	<u>none</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>430-500</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u> L	<u>630</u>	<u>0%</u>	6.		
2.	<u>700</u>	<u>0%</u>	7.		
3.	<u>1013</u>	<u>0%</u>	8.		
4.	<u>1040</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested 20  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 8 of ROP with  
chew at end of TK at start of shift  
Brown Collins Assistant Mine 1543A Certificate No.  
Reck Jata Mine Foreman-Mine Manager 2873 Certificate No.  
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-12-09 20 Section or Area Examined #4 Section
Time of Examination: from 8:30a.m. or 9a.m. to 11:30a.m. or p.m.
Was this report phoned to outside: Yes [x] no
By whom Brian Collins Time A.M. 10:55 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: OX CH4, appm co, 20-80 as detailed at time of exam
Truck, Traveling, power, 0-2000, charger, intake pipe, refuge chamber, etc

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1543-17 Certificate No.
Countersigned [Signature] 2873 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 11-13-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3, 4</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>4L</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
3. <u>5R</u>	<u>Not Bolted</u>	<u>Ref.</u>
4. <u>5R 1brk Out by</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
5. <u>6, 6R, 7</u>	<u>None Observed</u>	<u>Rep.</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-140AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>300-344AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>500-545AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>140 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>545 AM</u>	<u>0%</u>	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, & Outby Air Chamber Clear at Time of Exam

Randall Lafferty Assistant Mine 38424 Certificate No. Rusk Foster Mine Foreman-Mine Manager 2586 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-13 2009 Section or Area Examined #4 Berris Section

Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.

Was this report phoned to outside: Yes  no

By whom Randy Lafferty Time 6:00 A.M. P.M.

Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
2. <u>2 Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
3. <u>3 Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
4. <u>4 Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
5. <u>4L Entry 0% CH4 O2 20.8</u>	<u>Needs additional cleaning</u>	<u>Reported</u>
6. <u>5R Entry 0% CH4 O2 20.8</u>	<u>Not Bolted</u>	<u>Reflector Hung</u>
7. <u>6 Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
8. <u>6R Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
9. <u>7 Entry 0% CH4 O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
10. <u>5 1 Bk out by face</u>	<u>Needs additional cleaning</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>15252</u>		
<u>R LOB</u>	<u>19950</u>		

Remarks: Powercator travelways ~~Powercator~~ Intake phone outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Randall Lafferty 32424 Certificate No. 28234 Assistant Foreman [Signature] Certificate No. 1667-A  
Countersigned Rick Estlin 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 11-13-9 Shift Day Area or Section #4 Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>4L</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
2. <u>SR</u>	<u>Not Belted</u>	<u>Corrected</u>
3. _____	_____	_____
4. <u>S 1 Br Koutby face</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Wrote out page 4 of Roof control plan with entire crew at end of Trunk Panograph 4-8

[Signature] Assistant Mine 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 2572 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-13-09 20. Section or Area Examined Barrier Section
Time of Examination: from 2 a.m. or 6 p.m. to 2:50 a.m. or 8 p.m.
Was this report phoned to outside: Yes [checked] no
By whom Shannon Perdue Time A.M. 2:58 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '1. 1+2 CH4 0% N/A none'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with CFM values of 21,400 and 23,260.

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam
knockdowns, walkways, haulageways, punctured and
cutty belts down at time of exam
Intake Phone down at time of exam

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

Signed By [Signature] 1664-A Brian Collins 1543-A
Certificate No. 2852 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 11-13-09 Shift eve Area or Section Burnier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>102</u>	<u>N/A</u>	
2. <u>3R</u>	<u>needs cleaned &amp; dusted</u>	
3. <u>4+5</u>	<u>N/A</u>	
4. <u>6R</u>	<u>SCRAP cut</u>	
5. <u>7</u>	<u>N/A</u>	
6. _____		
7. <u>7R Rooms</u>	<u>N/A</u>	
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Rich Foster  
Mine Foreman-Mine Manager

2877  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-13 2009 Section or Area Examined Barrier
Time of Examination: from 10:00 a.m. or 6:00 p.m. to 12:00 a.m. or 6:00 p.m.
Was this report phoned to outside: Yes [X] no
By whom Brian Collins Time 11:05 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include locations 1-10 with descriptions like 'Cleaned AND Dusted' and 'None observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entries include LOB, Lt (21,816), Rt (21,610).

Remarks: 0% CH4, 20.8% O2, 0ppm C.O. At Time of exam
Travelways, walkways, Haulage ways, Power centers,
Intake phone, outby shelter, OK At Time of exam

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date: 11-14-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1, 2</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>3R</u>	<u>Scrap Cut</u>	<u>Ref</u>
3.	<u>4</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
4.	<u>5</u>	<u>None Observed</u>	<u>Rep.</u>
5.	<u>5L</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
6.	<u>6R</u>	<u>Not Bolted</u>	<u>Ref</u>
7.	<u>7</u>	<u>None Observed</u>	<u>Rep.</u>
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>100-143AM</u>	<u>0%</u>	11.		
			12.		
<u>1-7</u>	<u>300-347AM</u>	<u>0%</u>	13.		
			14.		
<u>1-7</u>	<u>500-540AM</u>	<u>0%</u>	15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>LT Return</u>	<u>100-140</u>	<u>0%</u>	6.		
<u>RT Return</u>	<u>143AM</u>	<u>0%</u>	7.		
			8.		
<u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9.		
<u>RT Return</u>	<u>540AM</u>	<u>0%</u>	10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Tracks, Travelways, + Out By Air

Chamber Clear At Time of Exam

Randall Lafferty  
Assistant Mine

38424  
Certificate No.

Rock Foster  
Mine Foreman-Mine Manager

28236  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-14 20 Section or Area Examined BARRIER
Time of Examination: from 5:00 a.m. or p.m. to 6:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. L. Jefferys Time 5:55 A.M. P.M.
Report received by P. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries regarding CH4 and O2 percentages and observations like 'none observed' and 'needs cleaned'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L Return' (17953) and 'R Return' (17290).

Remarks: Power center And Roadways clear At time of Exam CH4 0% O2 20.8%
Outby shelter clear At time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Randall Jefferys Preshift-Mine Examiner Certificate No. 38424
Countersigned P. Hallal Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman P. Hallal Superintendent or Assistant 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-14 Shift DAY Area or Section BAY 10

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 3R, 4, 5L, 6R and violations like SCRAP, weers add'l cns, winds add'l cns, NOT Bolted.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entry 'under construction' at location 3.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Mostly blank with some faint markings.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over moving BQ in space with crew 11:30am

Assistant Mine Foreman signatures and certificate numbers: 39088-06, 28235

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-14-09 20 Section or Area Examined Barrier Section
Time of Examination: from 1 a.m. or p.m. to 140 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Macraff Time A.M. 250 PM
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section Idle. Row 2: Under Construction. Row 6: 20.89% O2, 0% CH4, 0ppm CO.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Intake, 53880.

Remarks: 20.89% O2 0% CH4 0ppm CO at time of Exam
work areas, roadways, pavement etc and
cutby by shelter chok at TOE
Intake Pume at at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 39058-08 [Signature] 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 28238
Mine Manager-Mine Foreman Assistant Foreman
Superintendent or Assistant