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PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance Coal
Mine UBB
SECTION Outby construction
LOCATION Naoma Raleigh Wv
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift Day Area or Section S2 brk construction

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	work area ^{ch4} 0%	None observed	None
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. work areas	10:00 am	0%	11.		
2.	12:00 pm	0%	12.		
3.	2:00 pm	0%	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) 0% ch4 0% CO 20.802 was detected at time of exam
Michael A. Jewell 37942

Assistant Mine

Certificate No.

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 1-27-10 Section or Area Examined 53 brk construction

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom _____ 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>Wackarcs</u> <u>CH4 0%</u>	<u>None observed</u>	<u>None</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: track + travel ways in good condition at time of exam
0% CH4 0% CO 20.802 was 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 Michael A. Farrell 37942
Preshift Mine Examiner Certificate No.
 Countersigned Rich Foster 28734
Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift Day Area or Section 52 brk construction

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>work Area</u> <u>CH₄ 0%</u>	<u>Bad Rib on offside</u>	<u>Crib + timbered</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	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) 0% ch 4 0% CO 20.802
was detected at time of exam Michaela Fenell 37942

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2-10 Section or Area Examined 52.60K construction

Time of Examination: from 1:00 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>work area</u> <u>ch₄ 0%</u>	<u>None observed</u>	<u>Reported</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: Work Area & travelways in good condition at time of exam
0% ch₄ 0% CO 20.802 was detected at time of exam

went over page 20 through 22 in Roof control plan

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 Michael J Fenell Certificate No. 37942

Countersigned _____ Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-03-10 Shift Day Area or Section 52 brk construction

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Work Area</u> <u>CH₄ 0%</u>	<u>None observed</u>	<u>Reported</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	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)

was detected at time of exam

0% CH₄ 0% CO 20.802

Michael J. Fennell 37942

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-3-10 Section or Area Examined 52 brk construction

Time of Examination: from 1:00 a.m. or pm to 3:00 a.m. or pm.

Was this report phoned to outside: Yes no no ✓

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

Report received by [Signature] (Signed) [Signature]

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u> <u>ch4 0%</u>	<u>None observed</u>	<u>Reported</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	<u>South Area</u>
10. _____	_____	_____

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

Remarks: Work Area & travelways in good condition at time of exam
0% ch4 0% CO 20.8oz was 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 Michael A. Farrell 37942
 Preshift-Mine Examiner Certificate No.

Countersigned Rich [Signature] 28731
 Mine Manager - Mine Foreman Certificate No.

[Signature]
 Assistant Foreman

[Signature]
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

<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