

#4 section

See

# PRESHIFT - ONSHIFT and DAILY REPORT

Started 9/27/09  
Finish 10/12/09

Company Performance

Mine UBB

SECTION #4

LOCATION \_\_\_\_\_  
Post Office County State

Roanoke

W.V.

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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

FORM# MS-014

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination Sept. 27 Section or Area Examined #4 Sec. 12-  
 Time of Examination: from 6:00 a.m. or p.m. to 11:30 a.m. or p.m.  
 Was this report phoned to outside? Yes  No   
 By whom Pete G. Gause Time 11:30 A.M. P.M.  
 Report received by Steve Suter (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. -----	-----	-----
2. -----	-----	-----
3. -----	<u>Section 7D1C</u>	-----
4. -----	<u>NO POWER</u>	-----
5. -----	-----	-----
6. -----	<u>Under Control</u>	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
<u>TRACK</u>	<u>21122</u>	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub>  
Track Travelways All Clear.  
Chamber - 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] Preshift-Mine Examiner Certificate No. 29611  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3806228  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 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 9-27 20... Section or Area Examined #4 Sec  
Time of Examination: from 7:00 a.m. or p.m. to 3:00 a.m. or p.m.  
Was this report phoned to outside? Yes NO  
By whom Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section edge - under Const. Row 2: NOCH4 level 0%

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Track, 21,000

Remarks: NOCH4 level 0% 20.8oz CO2%  
Track + travelways clear at time of exam  
Posted "End of Track" Board at fork lift - on track  
Refuse Chamber - clear

Loer News 39199

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

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

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-27 2009 Section or Area Examined 4 Section  
Time of Examination: from 8 a.m. or 0 p.m. to 11 a.m. or 0 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>	<u>Under Construction</u>	
2. <u>0% CH4</u>		
3. <u>0% CO</u>		
4. <u>20.8% O2</u>		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Track Entry</u>	<u>33,000</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CO, 0% CH4, 20.8% O2 Detected at exam  
Track, Truadway clean at exam  
Refuse chamber 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 Joe Stuart Preshift-Mine Examiner Certificate No. 39199  
Countersigned Randall Jeffers Mine Manager—Mine Foreman Certificate No. 38424  
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 9-28 2009 Section or Area Examined 4 Section  
 Time of Examination: from 3 a.m. or p.m. to 6 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>Track Entry</u>	<u>32,100</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected at entry  
Track, Travelway clean at entry  
Refuge Chamber OK at entry

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] 39199  
 Preshift-Mine Examiner Certificate No.  
 Assistant Foreman Certificate No.  
 Countersigned [Signature]  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-28-09 Shift 3rd Area or Section H-5ect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idle</u>		
2. <u>Under Construction</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH4 0%</u>			11. _____		
2. <u>CO 0%</u>			12. _____		
3. <u>O2 20.8%</u>			13. _____		
4. _____			14. _____		
5. <u>Track Entry 32272 CFM</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. _____			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) Track, Travelways, Power Center  
& Out by Air Chamber Clear at Time of Exam

Randall Luff Assistant Mine 38429 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-28-09 20. Section or Area Examined 4 Section  
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Randy Saffery Time 6:00 A.M. P.M.  
 Report received by Rick Foster  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>Track entry</u>	<u>52,222</u>		
<u>left 10' X cut</u>	<u>24,977</u>		
<u>right 10' X cut</u>	<u>23,471</u>		

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO, track, travelump, power sent, scoop charger clear at time of exam.

Outly 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 Randy Saffery 38421  
 Preshift Mine Examiner Certificate No.  
 Countersigned Rick Foster 39000  
 Mine Manager - Mine Foreman  
Rick Foster 28736  
 Assistant Foreman  
[Signature] 7958-08  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28 Shift Day Area or Section #4

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. <u>4-7</u>	<u>7:00-7:30</u>	<u>Ø</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>Ø</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>Ø</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1:00-1:30</u>	<u>Ø</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>Ø</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	<u>Ø</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	<u>Ø</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>11:35</u>	<u>Ø</u>	10. _____	_____	_____

Number of Bolts Tested 4  
Number of Bolts Torqued Above Range Ø Below Range Ø

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 R2 Roof and along with the crew at 6:00P-

Assistant Mine Foreman [Signature] Certificate No. 35008-04  
Mine Foreman-Mine Manager [Signature] Certificate No. 35008-04  
Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-29-09 20 Section or Area Examined 4 section
Time of Examination: from 1:00 a.m. or 9:00 a.m. to 1:50 a.m. or 5:00 p.m.
Was this report phoned to outside: Yes no
By whom Steve Harsch Time A.M. 3:05 P.M.
Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 12356789 entries Ok, not started 'none closed', none. Row 2: #4 entry Ok, scrap cut, reflector.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: left L.O.X. cut, 25,200. Row 2: right L.O.X. cut, 27,140.

Remarks: 20.8% O2, 0% ch, 0% CO, track, travelway, power center, scrap chgs. done at time of exam, scrap chgs. at 11:00. 5B need fire extinguisher, 1 mat set on pallet. Outly chamber clear at time of exam. Fork lift charger needs 2 sand jacks set on corners. 5B

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 Harsch Certificate No. 3208-08
Countersigned Rick Foster Certificate No. 3206000
Assistant Foreman Steve Harsch Certificate No. 1658-A
Superintendent or Assistant Rick Foster 28736

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-09 Shift EW

Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
<u>#4</u>	<u>Scrap Cut</u>	<u>Mixed</u>
1. -----	-----	-----
2. -----	-----	-----
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>0-9</u>	<u>4:20-500</u>	<u>0%</u>	11. -----	-----	-----
<u>0-9</u>	<u>6:30-700</u>	<u>0%</u>	12. -----	-----	-----
<u>0-9</u>	<u>8:30-900</u>	<u>0%</u>	13. -----	-----	-----
<u>0-9</u>	<u>10:30-1100</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
<u>L Return</u>	<u>4:25</u>	<u>0%</u>	6. -----	-----	-----
<u>R Return</u>	<u>5:05</u>	<u>0%</u>	7. -----	-----	-----
<u>L Return</u>	<u>8:25</u>	<u>0%</u>	8. -----	-----	-----
<u>R Return</u>	<u>9:05</u>	<u>0%</u>	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

Number of Bolts Tested 12  
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 #3 Types of Face & Haulage

Equipment to entire crew at end of track at 4:30 P.M.

*[Signature]*

Assistant Mine

1658-A

Certificate No.

*[Signature]*

Mine Foreman-Mine Manager

32000

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-28 10: 7 Section or Area Examined 4 Sector  
 Time of Examination: from 10:15 a.m. or p.m. to 11:15 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Scott Barnett Time          A.M.          P.M.  
 Report received by Kyle Anderson (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2</u>	<u>ch 4.0%</u>	<u>None observed</u>
2. <u>3</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
3. <u>4</u>	<u>nuts closed &amp; dusted</u>	<u>Reported</u>
4. <u>5</u>	<u>Scrap Cut</u>	<u>Reflectors</u>
5. <u>6, 7, 8, 9</u>	<u>None observed</u>	
6. <u>        </u>		
7. <u>        </u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

#### Air Measurements

Location	CFM	Location	CFM
<u>L</u>	<u>25620</u>		
<u>R</u>	<u>23940</u>		

Remarks: ob CH<sub>4</sub> 20.8% O<sub>2</sub> 0% CO  
power center & chargers haulways fresh air free  
intake phone clear at time of exam  
chamber - 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] Preshift-Mine Examiner Certificate No. 1658-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33238  
[Signature] Assistant Foreman Certificate No.           
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-09 Shift 3rd

Area or Section 44

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3</u>	<u>Part of</u>	<u>Reported</u>
2. <u>4</u>	<u>part of</u>	<u>Reported</u>
3. <u>5</u>	<u>scrap</u>	<u>Reported</u>
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) \_\_\_\_\_

[Signature]  
Assistant Mine

30294  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-29-09 20 Section or Area Examined 4 section
Time of Examination: from 4:45 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom KENNY FARMER Time 5:38 A.M. P.M.
Report received by [Signature] 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Chy, Violation or Hazardous Condition, Action Taken. Rows 1-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows for Left SOB and Right SOB.

Remarks: Truck, haulways, haul ways, sprayer, bitum and charges safe at star cutting chamber safe at star Pentate phone working at star

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] 32288 Certificate No. Assistant Foreman
Countersigned [Signature] 32058-08 Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29 Shift Day Area or Section #4 Sect

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	3	Scrub	Correct
2.	4	RAIT Bolted	✓
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
	1-9	7:00-7:30	Ø				
	1-9	9:00-9:30	Ø				
	1-9	11:00-11:30	Ø				
	1-9	1:00-1:30	Ø				

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	C Return						
	R Return						
	C Return						
	R Return						

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 ALL OF B, 14 ROOF

Control Plan with Crew at 6:50 PM  
Assistant Mine Foreman: [Signature] Certificate No. 30868  
Mine Foreman-Mine Manager: [Signature] Certificate No. 21111  
Superintendent or Assistant: \_\_\_\_\_

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-29 2009 Section or Area Examined 4 section  
Time of Examination: from 1:00 p.m. to 2:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom Steve HARRAH Time 3:10 P.M.  
Report received by Russell Dunnoe 1536-1A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 & #2	CH4 0% None Observed	Reported
2. #3	0% Needs Clean + Dusted	Reported
3. #4 + #5	0% None Observed	Reported
4. #6	0% SCRAP	Reflectors Hung
5. #7, #8, #9	0% None Observed	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LE. LOB	21,600		
RB. LOB	22,400		

Remarks: TRACK, TRAVELWAYS, power centers, chargers clear at time of exam  
Outby chamber safe at time of exam  
0% CH4, 20.8% O2, 0ppm CO 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 [Signature] Preshift-Mine Examiner Certificate No. 39058-08  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35010001  
[Signature] Assistant Foreman Certificate No. 32261  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-09 Shift Even Area or Section Sec # 4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #3	Needs cleaned & dusted	Cleaned & dusted
2. #6	Scrap	Mined
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

SB Location	Time	Methane Content	Location	Time	Methane Content
1. 10-9	4:30-500	0%	11.		
2. 10-9	6:30-700	0%	12.		
3. 10-9	8:30-900	0%	13.		
4. 10-9	10:30-1100	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	4:25	0%	6.		
2. R Return	5:05	0%	7.		
3. L Return	8:25	0%	8.		
4. R Return	9:05	0%	9.		
5.			10.		

Number of Bolts Tested 17  
 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 #3 paragraph on Safety Precautions for all Basin grouted rods to entire crew at end of track

[Signature] Assistant Mine 1658-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9.29  
Time of Examination: from 10:15 a.m. or (p.m) to 10:15 a.m. or (p.m)  
Section or Area Examined 4 section  
Was this report phoned to outside: Yes X no  
By whom Scott Bennett Time 10:55 P.M.  
Report received by George Curry 27429  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>C44-0 1/2</u>	<u>SCRAP</u>	<u>Reported</u>
2. <u>2</u>	<u>none observed</u>	
3. <u>3</u>	<u>none observed</u>	
4. <u>4</u>	<u>none observed</u>	
5. <u>4 left</u>	<u>part bolted</u>	<u>Ref</u>
6. <u>5</u>	<u>need cleaned! dusted</u>	<u>Ref</u>
7. <u>6</u>	<u>need cleaned! dusted</u>	<u>Ref</u>
8. <u>7-8-9</u>	<u>none observed</u>	
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Left</u>	<u>24820</u>		
<u>Right</u>	<u>22680</u>		

Remarks: 0% CH4 - 0% CO - 26.8% O2 - tracks, trackways  
pcs, charges clean at time of exam  
Emergency shelter / intake phone 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 Scott Bennett 1658-A Preshift-Mine Examiner Certificate No.  
Countersigned George Curry Assistant Foreman Certificate No. 27429  
Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-30-09 Shift 3<sup>rd</sup> Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap Cut</u>	<u>Ref.</u>
2. <u>2, 3, + 4</u>	<u>Need Cleaned + Dusted</u>	<u>Rep.</u>
3. <u>4L</u>	<u>Not Bolted</u>	<u>Ref.</u>
4. <u>5 + 5R</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
5. <u>6, 7, 8, + 9</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>1-9</u>	<u>100-150AM</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>300-350AM</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-9</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>150AM</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, Travel ways, + out by Air Chamber Clear at Time of Exam

Randall Zefforty  
Assistant Mine

35424  
Certificate No.

Carl Cook  
Mine Foreman-Mine Manager

SMann  
Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-30 20... Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 6:50 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 R. Lafferty (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% SCRAL	REF.
2, 3 & 4	needs cleaned & dusted	Ref
4L	NOT Bolted	Ref.
5 & 5R	needs cleaned & dusted	Ref.
6, 7, 8, 9	none observed	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	16,490		
R LOB	17,230		

Remarks: Powercutter and Roadways Clean at time of Exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
Deck by Heller 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 Randall Lafferty Preshift-Mine Examiner Certificate No. 38424  
 Countersigned Arthur Cook Mine Manager - Mine Foreman Certificate No. 390000  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant Certificate No. 390808

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9/10 Shift DAY Area or Section 74

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>SCRAP</u>	<u>collected</u>
2. <u>2, 3, 4</u>	<u>needs cleaned &amp; dusted</u>	/ /
3. <u>4C</u>	<u>not bolted</u>	
4. <u>5 &amp; 6R</u>	<u>needs cleaned &amp; dusted</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>7:00-7:30</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>11:00-11:30</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-9</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. Kelly</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>R. Kern</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>Ch. Kern</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>R. Kern</u>	<u>10:35</u>	<u>0</u>	10.		

Number of Bolts Tested 20 0  
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 test holes with

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
[Signature] Superintendent or Assistant  
Certificate No. 39058-08

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-30-09 20 Section or Area Examined 4 section  
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 Steve Knauch Time A.M. 2:45 P.M.  
Report received by Rick Palmer  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry, D block	not lotted	reflector
2. #2, #3, #4, B, 9, D block	none observed	none
3. #5. entry, D block	needs cleaned & dusted	reported
4. #6 X right, D block	scrap out	reflector
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
left L.O. X cut	29,300		
right L.O. X cut	20,550		
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO, track, trackings, power section, scoop charger clear at time of exam.

Outlet 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. 28732  
Countersigned [Signature] Mine Manager— Mine Foreman [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 9-30-09 Shift Eve Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Not bolted	Bolted
2. #5	Needs cleaned & dusted	Cleaned & dusted
3. 6R	Scrap cut	Mixed
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Return	4:25	0%	6.		
2. R Return	5:05	0%	7.		
3. L Return	8:25	0%	8.		
4. R Return	9:05	0%	9.		
5.			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) Read Page 4 Paragraph 1 of Safety Precautions to be taken in Roof Control Plan to entire crew at End of track

Stephen Santo Assistant Mine 1658-A Certificate No. [Signature] Mine Foreman-Mine Manager 300000 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9.30 2009 Section or Area Examined V 2  
 Time of Examination: from 10:15 a.m. or 10:45 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Scott Barrett Time AM 11:05 P.M.  
 Report received by George Curry (Signed)

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

#	Location	Violation or Hazardous Condition	Action Taken
1.	CH4-0%	None observed	Reported
2.		part bolted	reflected off
3.		SCRAP	reported
4.		not bolted	reflected off
5.		None observed	Reported
6.		None observed	
7.		None observed	
8.		SCRAP	
9.		nees cleaned, dusted	
10.		None observed	

#### Air Measurements

Location	CFM	Location	CFM
Left	20,620		
Right	20,410		

Remarks: 0% CH4 - 0% CO, 26.8% O2 - tracks travelways  
pos, chargers clear at time of exam  
Outby 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 [Signature] Preshift-Mine Examiner Certificate No. 1658-A  
 Countersigned: [Signature] Mine Manager—Mine Foreman Assistant Foreman George Curry Certificate No. 27419  
 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 10-1-09 Shift 3rd

Area or Section 4 sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	Needs Cleaned + Dusted	Rep.
2. 2	Part Bolted	Ref
3. 3	Needs Cleaned + Dusted	Rep.
4. 4	Not Bolted	Ref
5. 5, 6, 6R	None Observed	Rep.
6. 7	Needs Cleaned + Dusted	Rep.
7. 8, 9	Needs Addl. Cleaning	Rep.
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-9	100-145 AM	0%	11.		
2.			12.		
3. 1-9	300-345 AM	0%	13.		
4.			14.		
5. 1-9	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	145 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 Jefferys 38424 Assistant 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 10-1-69 20 Section or Area Examined 4 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 Jafferty Time A.M. 5:00 P.M.
Report received by Rick Foster (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 through #5 with descriptions of conditions like 'needs cleaned & dusted' and actions like 'reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'left L.O.X. cut' (13,070) and 'right L.O.X. cut' (22,800).

Remarks: 20.8% O2, 0% CO, track, trackways, power seats, scoop chaper clear at time of exam

Outby chambers 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 Jafferty Preshift-Mine Examiner Certificate No. 35424
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 350600
Assistant Foreman Certificate No. 32058-08
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-1 Shift DAY Area or Section #4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs 1 wood duffel</u>	<u>corrected</u>
2. <u>2</u>	<u>Part Bolted</u>	
3. <u>3, 7, 8, 19</u>	<u>needs add'l cleane</u>	
4. <u>4</u>	<u>NOT Bolted</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>7:00-7:30</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-9</u>	<u>9:00-9:30</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-9</u>	<u>11:00-11:30</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-9</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 Retw</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Retw</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Retw</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Retw</u>	<u>11:35</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) went over T. 250 holes with an

[Signature] Assistant Mine  
[Signature] Mine Foreman-Mine Manager  
39058-08 Certificate No.  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-1-09 20 Section or Area Examined #4 section
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Harrah Time A.M. 310 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. Includes handwritten entries for locations 1-10 and conditions like 'Part Bolted', 'SCRAP cut', and 'Reflector hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten entries for LOB with CFM values of 20,240 and 21,880.

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam
power centers, haulageways, walkways, outby shelters clean at time of exam

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 [Signature] Preshift-Mine Examiner Certificate No. 39058-08
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman Brian Collins 1543-A Certificate No.
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-1-09 Shift Even Area or Section H4

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 Face</u>
2. <u>2</u>	<u>N/A</u>	<u>none</u>
3. <u>3R</u>	<u>SCRAP cut</u>	<u>mined cut</u>
4. <u>4, 5, 6, 7</u>	<u>N/A</u>	<u>none</u>
5. <u>8</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
6. <u>9</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>1-9</u>	<u>435-505</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-9</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-9</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-9</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>LT 630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>RT 702</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	<u>LT 1011</u>	<u>0%</u>	9. _____	_____	_____
5. _____	<u>RT 1044</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 24  
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) Revised page 4 part 10 of RCP with cover

Devin Collins  
Assistant Mine

1543-A  
Certificate No.

Carole Cook  
Mine Foreman-Mine Manager

330600  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination Oct 1 2009 Section or Area Examined 4-Section  
 Time of Examination: from 10:00 a.m. or 10:45 a.m. or 10:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brian Collins Time A.M 10:52 (P.M)  
 Report received by Jeremy Burshault 1759-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-7</u>	<u>ch<sup>4</sup>0.0% Scrap Cut</u>	<u>Reflector off</u>
2. <u>2-34-4R-8</u>	<u>None observed</u>	<u>None</u>
3. <u>5-9</u>	<u>Not Bolted</u>	<u>Reflector off</u>
4. <u>6</u>	<u>Needs Cleared and Dusted</u>	<u>Reported</u>
5. <u>8R</u>	<u>Part Bolted</u>	<u>Reflector off</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>20,107</u>	_____	_____
<u>Rt LOB</u>	<u>21,710</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: ch<sup>4</sup>0.0% CO 0% O<sub>2</sub> 20.8% at time of exam.

Powercenter, travelways, chargers, Hedways clear at time of exam

Outby Chamber 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 Brian Collins Certificate No. 1543-A  
 Preshift-Mine Examiner Assistant Foreman Certificate No.  
 Countersigned Jeremy Burshault Certificate No. 3806000  
 Mine Manager—Mine Foreman Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-09 Shift 3rd Area or Section 4 sect.

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 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, 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, + Out by Air Chamber, Clear AT Time of Exam

Signatures and Certificate Numbers for Assistant Mine Foreman, 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 10-2 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. Perry Time 6:00 (A.M.) P.M.  
 Report received by S. H. Hester (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1, 2	CH <sub>4</sub> % across area observed	
3, 5	weeds cleared & dusted	Ref
4	NOT Bolted	Ref.
6	none observed	
7	PART Bolted	Ref.
8 & 8R	none observed	
9	NOT Bolted	Ref.
10.		

Air Measurements

Location	CFM	Location	CFM
L Return	1684		
R Return	17200		

Remarks: Power center and roadways clear at time of Exam  
CH<sub>4</sub> % Or 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 Lafferty Certificate No. 38424  
 Preshift Mine Examiner Assistant Foreman Certificate No.  
 Countersigned S. H. Hester Mine Manager—Mine Foreman Assistant Foreman  
S. H. Hester Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>355</u>	<u>needs cleaned up</u>	<u>Corrected</u>
2. <u>4</u>	<u>NOT Bolted</u>	
3. <u>7</u>	<u>PART Bolted</u>	
4. <u>9</u>	<u>NOT Bolted</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>7:00-7:30</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>11:00-11:30</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-9</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>Return</u>			6.		
2. <u>Return</u>			7.		
3.			8.		
4. <u>Return</u>			9.		
5. <u>Return</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) went over Pg. #4 ROOF control

PA with crew at 6:30am  
Abdul 35008-08  
Assistant Mine Certificate No. Abdul Mine Foreman-Mine Manager  
35008-08 Superintendent or Assistant Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2-09 20 Section or Area Examined #4 section
Time of Examination: from 1 a.m. or 9 a.m. to 2 a.m. or 10 a.m.
Was this report phoned to outside: Yes no
By whom Steve Hageck Time A.M. 3:00 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 handwritten entries for items #1-6.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LOB at Lt and Rt locations.

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

Handwritten note: tunnels, walkways, haulageways, powercenter, outby 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 Steve Hageck (Preshift-Mine Examiner) and Brian Collins (Assistant Foreman) with their respective certificate numbers.

Countersigned by Mine Manager - Mine Foreman and Assistant Foreman.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-09 Shift Even Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1+2	none observed	none
2. #3	SCRAP cut	removed cut
3. #3L	Paint Bolted	Bolted to face
4. #4	muds cleaned + dusted	cleaned + dusted
5. #5R	Paint bolted	bolted to face
6. #6,7,8,9	none observed	none
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-9	430-500	0%	11.		
2.			12.		
3. 1-9	630-700	0%	13.		
4.			14.		
5. 1-9	830-900	0%	15. #12		
6.			16. 20015		
7. 1-9	1000-1045	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return Lt	028	0%	6.		
2. " Rt	700	0%	7.		
3.			8.		
4. " Lt	1009	0%	9.		
5. " Rt	1044	0%	10.		

Number of Bolts Tested 22 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 11 of BCP with

curr at start of shift at end of TR  
Burn Collins Assistant Mine Certificate No. 1543-A  
Arthur Cook Mine Foreman-Mine Manager Certificate No. 350000  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-2-09 20\_\_ Section or Area Examined 4 section  
 Time of Examination: from 10:00 a.m. or 10 p.m. to 1:45 a.m. or 10 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 106 A.M. 106 P.M.  
 Report received by Glen Ullman (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1 <u>ch4 0%</u>	<u>none observed</u>	<u>none</u>
2	<u>not Bolted</u>	<u>Rebolted</u>
3	<u>cleaned &amp; dusted</u>	<u>Reported</u>
4	<u>cleaned &amp; dusted</u>	<u>Reported</u>
5	<u>" "</u>	<u>Reported</u>
6	<u>none observed</u>	<u>none</u>
7		
8		
9		
10		

#### Air Measurements

Location	CFM	Location	CFM
<u>Lt</u>	<u>21219</u>		
<u>Rt</u>	<u>21906</u>		

Remarks: O2 ch4 O2 CO 20.8 0.2  
Travelways walkways Haulage ways clear  
refuge clear  
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 Brian Collins 1543-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Glen Ullman 3206000  
 Mine Manager - Mine Foreman Assistant Foreman  
 Superintendent or Assistant Glen Ullman 15397A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-09 Shift 3rd Area or Section 4 sect

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>Not Bolted</u>	<u>Rep</u>
3. <u>4</u>	<u>Needs Addl Cleaning</u>	<u>Rep.</u>
4. <u>5</u>	<u>Scrap Cut</u>	<u>Rep</u>
5. <u>6</u>	<u>None Observed</u>	<u>Rep.</u>
6. <u>6R</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
7. <u>2, 8, + 9</u>	<u>None Observed</u>	<u>Rep.</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>100-140AM</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>300-340AM</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-9</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>140AM</u>	<u>0%</u>	7.		
3.			8.		
4. <u>Lt Return</u>	<u>300AM</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 Jeffery Assistant Mine 55424 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-3 20. Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 5:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time 5:30 A.M. P.M.  
 Report received by E. Haman  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>
2. <u>3R</u>	<u>NOT Bolted</u>	<u>Ref</u>
3. <u>4</u>	<u>needs add'l cleaning</u>	<u>Ref</u>
4. <u>5</u>	<u>SCRAP</u>	<u>Ref</u>
5. <u>6</u>	<u>were open</u>	
6. <u>6R</u>	<u>Needs cleaned &amp; dusts</u>	<u>Ref</u>
7. <u>7, 8, 9</u>	<u>none observe</u>	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOP</u>	<u>18615</u>		
<u>R LOP</u>	<u>18620</u>		

Remarks: Power center and outby chambers clear  
Roadways clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
outby chamber - 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 Randall Lafferty Certificate No. 38424  
 Preshift Mine Examiner  
 Countersigned E. Haman Certificate No. 37000  
 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-27 Shift Day Area or Section 114

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 3K	NOT BOLD	CORRECTED
2. Y	Needs add'l clean	
3. 6	SCIAL	
4.		
5.		
6. 6R	weeds cleaned & duffed	
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Chow	6:55	Ø	6.		
2. Retw	7:35	Ø	7.		
3.			8.		
4. Retw	10:55	Ø	9.		
5. Chow	11:30	Ø	10.		

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

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 over bolt roof cord plan

work over at 6:30 pm

[Signature] Assistant Mine Foreman Certificate No. 39058-08  
[Signature] Mine Foreman-Mine Manager Certificate No. 39058-08  
[Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-3-09 20 Section or Area Examined #4 section  
Time of Examination: from 1 a.m. or PM to 2 a.m. or PM  
Was this report phoned to outside: Yes  no   
By whom Steve Hagen Time 3:10 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>CH4-0%</u>	<u>Part Bolted</u>	<u>Rebuttered</u>
2.		<u>needs cleaned &amp; dusted</u>	<u>Repaired</u>
3.		<u>N/A</u>	<u>none</u>
4.		<u>SCRAP cut</u>	<u>Rebuttered</u>
5.		<u>N/A</u>	<u>none</u>
6.		<u>N/A</u>	<u>none</u>
7.		<u>needs cleaned &amp; dusted</u>	<u>Repaired</u>
8.		<u>Part Bolted</u>	<u>Rebuttered</u>
9.		<u>SCRAP cut</u>	<u>Rebuttered</u>
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20,270</u>		
	<u>Rt 22,150</u>		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0ppm CO at time of exam  
tunnels, walkways, haulways, power cables, cutby shelter  
clean at time of exam  
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 Steve Hagen 32058-08 Bruce Collins 1543-A  
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Michael 3900000  
Mine Manager—Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-3-09 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>	<del>scrap cut</del> Part Bolted	bolted to face
2. <u>2</u>	needs cleaned & dusted	cleaned & dusted
3. <u>3</u>	N/A	none
4. <u>4R</u>	SCRAP cut	mined cut
5. <u>5,6</u>	N/A	none
6. <u>7</u>	needs cleaned & dusted	cleaned & dusted
7. <u>8</u>	Part Bolted	bolted to face
8. <u>9</u>	SCRAP cut	mined cut

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>430-500</u>	<u>0.9%</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>630-700</u>	<u>0.9%</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>830-900</u>	<u>0.9%</u>	15.		
6.			16.		
7. <u>1-9</u>	<u>1005-1045</u>	<u>0.9%</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 Lt</u>	<u>629</u>	<u>0.9%</u>	6.		
2. <u>" Rt</u>	<u>658</u>	<u>0.9%</u>	7.		
3.			8.		
4. <u>" Lt</u>	<u>1013</u>	<u>0.9%</u>	9.		
5. <u>" Rt</u>	<u>1041</u>	<u>0.9%</u>	10.		

Number of Bolts Tested 18  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) find page 4 part 12 of RCR with check at start of shift at end of TR

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

Calvin  
Mine Foreman-Mine Manager

3302  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-3 209 Section or Area Examined #4 sec  
Time of Examination: from 10:00 a.m. or 10:43 p.m. to 10:43 a.m. or pm.  
Was this report phoned to outside: Yes no  
By whom B. Collins Time 10:55 A.M. P.M.  
Report received by T. Peterson  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 H&G's 02044	n/a	
2. 2	n/a	
3. 3 + 3 LT.	need clean & dusted	Rep.
4. 4	n/a	
5. 5	n/a	
6. 6	need clean & dusted	Rep.
7. 7 RT.	part bolted	Reflector
8. 8	n/a	
9. 9	SCRAP	Reflector
10.		

Air Measurements

Location	CFM	Location	CFM
LT.	20,610		
RT.	21,934		

Remarks: No. 4 Sect. @ 20.8 or 20.0%  
Travelways & track clear at time of exam.  
Shutter clear  
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 B. Collins Freshift-Mine Examiner Certificate No. 1543-A  
Countersigned T. Peterson Mine Manager - Mine Foreman Certificate No. 33000  
Randy Johnson Assistant Foreman Certificate No. 296611  
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 10-4 209 Section or Area Examined #4

Time of Examination: from 3:00 a.m. or p.m. to 5:00 a.m. or p.m.

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

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

Report received by \_\_\_\_\_  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2</u>	<u>None observed</u>	
2.	<u>Sec. date</u>	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>RT.</u>	<u>20,570</u>		
<u>RT.</u>	<u>21,868</u>		

Remarks: NoCH4 det. 0% 20.5oz CO 0%  
Travelways & Track clear at time of exam.  
Power Center Clear  
Chamber -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] 29611  
FRESHIFT-MINE EXAMINER Certificate No.

Countersigned [Signature] Assistant Foreman Certificate No.

Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-9-09 Section or Area Examined #4 Section  
 Time of Examination: from 1:00 or p.m. to 1:25 or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
#1 thru 7 Entries	0%	NONE OBSERVED	NONE
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

Location	LOB	CFM	Location	CFM
Left	LOB	18,240		
Right	LOB	19,000		
Fresh Air Bay	clear	0-20.8-0		

Remarks: Powercenters, chargers, track, travelways, haulways - Clear T.O.E.  
0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at EXAM time  
Chamber - 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 Scott Halstead 37567  
 Freshshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 390000  
 Mine Manager - Mine Foreman  
[Signature] 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*

	<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 10-4-09 20. Section or Area Examined #4 Section  
Time of Examination: from 9:00 a.m. or 9:30 a.m. or 9:30 p.m.  
Was this report phoned to outside: Yes no  
By whom Terry Peterson Time A.M. 10:01 P.M.  
Report received by William J. Smith 38958-08  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 & #2 CH4 0%	None Observed	None
2. #3 & 3 Left	Needs Cleaned	Reported
3. #4 #5 & #6	None Observed	None
4. #7	Needs Cleaned	Reported
5. #8	Needs Cleaned & Dusted	Reported
6. #9	Needs Cleaned	Reported
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Left L.O.B.	18,120		
Right L.O.B.	18,960		

Remarks: Fresh air by clear at time of exam 0.0% CH4 20.8 O2. 0 ppm CO  
Power center's, charger's, track, track ways, haul way's clear at time of exam  
0.0% CH4 20.8% O2 0 ppm CO. at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] 29611 Preshift-Mine Examiner Certificate No.  
Countersigned [Signature] 3306000 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 Oct 5, 09 Shift 021 Area or Section 4-Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 4 contains handwritten text 'Section Idle'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for CH4, CO, and O2.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for locations #9 and #1.

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

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

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

Signatures and titles: Assistant Mine Foreman, Certificate No. 1759-A, Mine Foreman-Mine Manager, Certificate No. 320000, Superintendent or Assistant.

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-5 20   Section or Area Examined #44  
 Time of Examination: from 4:30 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Berdoff Time 6:00 (A.M.) P.M.  
 Report received by S. Hand (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1,2</u>	<u>CH<sub>4</sub> 0% none observe</u>	
2. <u>303L</u>	<u>needs add'l clean</u>	<u>Rel</u>
3. <u>4,5,6</u>	<u>none observe</u>	
4. <u>7</u>	<u>needs clean</u>	<u>Rel</u>
5. <u>8,8R</u>	<u>needs clean &amp; adjust</u>	<u>Rel</u>
6. <u>9</u>	<u>needs add'l clean</u>	<u>Rel</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>L CO<sub>2</sub></u>	<u>18034</u>		
<u>R CO<sub>2</sub></u>	<u>22170</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 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 [Signature] Certificate No. 1059A  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3906000  
 Assistant Foreman [Signature] Superintendent or Assistant \_\_\_\_\_  
 Certificate No. 39008-05

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-5 Shift Day Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken	
1.			
2.			
3.	<u>3132</u>	<u>needs add'l chm</u>	<u>correctly</u>
4.	<u>7</u>	<u>needs cleaned</u>	
5.	<u>568R</u>	<u>needs clean &amp; dusted</u>	
6.	<u>9</u>	<u>needs add'l chm</u>	
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	<u>1-9</u>	<u>7:00-7:30</u>	11.		
2.			12.		
3.	<u>1-9</u>	<u>9:00-9:30</u>	13.		
4.			14.		
5.	<u>1-9</u>	<u>10:00-11:00</u>	15.		
6.			16.		
7.	<u>1-9</u>	<u>1:00-1:30</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 Retn</u>	<u>6:55</u>	6.		
2.	<u>R Retn</u>	<u>7:35</u>	7.		
3.			8.		
4.	<u>L Retn</u>	<u>10:55</u>	9.		
5.	<u>R Retn</u>	<u>11:35</u>	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) went over all of Pg. 11 of this  
Report control plan with spec at 6:30 AM

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
[Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-5-09 20: Section or Area Examined #4 section  
 Time of Examination: from 1 a.m. or PM to 2 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harrah Time 3:55 A.M. 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.	CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	Paint tested	Reflectors hung	
2.		muds cleaned & dusted	Reported	
3.		none observed	none	
4.		muds cleaned & dusted	Reported	
5.		none observed	none	
6.		none observed	none	
7.		none observed	none	
8.		setup cut	Reflectors hung	
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
LOB	Lt 21,100		
	Rt 24,250		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0ppm CO at time of exam

travelways, walkways, haulageways, powercords, and cutby  
shelter clean 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 [Signature] 300808 Bruce Collins 1543-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] [Signature]  
Mine Manager—Mine Foreman Assistant Foreman

Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-5-09 Shift lve 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>Part bolted</u>	<u>dratted to face</u>
2. <u>2L</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3. <u>3, 4, 5</u>	<u>none observed</u>	<u>none</u>
4. <u>5R</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
5. <u>6</u>	<u>none observed</u>	<u>none</u>
6. <u>7</u>	<u>none observed</u>	<u>none</u>
7. <u>8</u>	<u>none observed</u>	<u>none</u>
8. <u>9</u>	<u>Scrap cut</u>	<u>mined cut</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>430-500</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-9</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 Lt</u>		<u>0%</u>	6.		
2. <u>" Rt</u>		<u>0%</u>	7.		
3.			8.		
4. <u>" Lt</u>		<u>0%</u>	9.		
5. <u>" Rt</u>		<u>0%</u>	10.		

Number of Bolts Tested 25  
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)

check at end of TR at start of shift

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

Carl Cook  
Mine Foreman-Mine Manager

3100000  
Certificate No.

Superintendent or Assistant

Read page 5 part 19 of RCP with

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Oct. 5 1969 Section or Area Examined 4-Section  
Time of Examination: from 10:00 a.m. or p.m. to 11:45 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brian Collins Time A.M. P.M.  
Report received by Jeremy Bughoff 1789-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1-2-5 CH <sub>4</sub> 0.0%	None observed	None
2. 3-7	Not Bolted	Reflector off
3. 4.	Needs cleaned	Reported
4. 4R	Scrap Cut	Reflector off
5. 6	Needs Add Dusting	Reported
6. 8	Part Bolted	Reflector off
7. 9	Needs Clean and Dusted	Reported
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	20,610		
Rt LOB	23,872		

Remarks: CH<sub>4</sub> 0.0% CO<sub>2</sub> 0.0% O<sub>2</sub> 20.8% at time of exam.

Powercenter, chargers, travelways, haulways clear at time of exam

Outby Chamber OK  
Intake Phase

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 Preshift-Mine Examiner Certificate No. 1543-A  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 1059-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 12-6-09 Shift 3rd

Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	None Observed	Rep.
2. 2	Scrap Cut	Ref
3. 3, 4R, 5	Needs Cleaned + Dusted	Rep.
4. 6R	Not Bolted	Ref
5. 7	Needs Cleaned + Dusted	Rep.
6. 8	Needs Addl Cleaning	Rep.
7. 9	None Observed	Rep.
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-9	120-140AM	0%	11.		
2.			12.		
3. 1-9	300-340am	0%	13.		
4.			14.		
5. 1-9	500-545AM	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	100AM	0%	6.		
2. RT Return	140AM	0%	7.		
3.			8.		
4. LT Return	500AM	0%	9.		
5. RT Return	545AM	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

38424  
Certificate No.

Rich Foster  
Mine Foreman-Mine Manager

2872  
Certificate No.  
2106001

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6 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. Lafferty Time 5:50 P.M.  
Report received by E. Havel (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 CH4% 0.008%	none observe	
2	SCRA	REF
3 3HR 15	needs cleaned adjusted	Ref
4 BR	NOT Bolted	REF
5 7	needs cleaned adjusted	Ref
6 8	needs add'l cleaning	Ref
7 9	none observe	
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L LOB	20520		
R LOB	22800		

Remarks: Power center and Roadways clear at time of exam

CH4 0% O2 20.8%

Out 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 35424 Certificate No.  
Countersigned Beck Foster 28235 Assistant Foreman  
E. Havel 390680 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6 Shift Day Area or Section 104

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2</u>	<u>scrap</u>	<u>correct</u>
3. <u>3, 4R 00</u>	<u>weeds along adust</u>	/
4. <u>6R</u>	<u>not bolted</u>	
5. <u>3</u>	<u>weeds cleaned adust</u>	
6. <u>8</u>	<u>weeds add'l clean</u>	
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>7:00-7:30</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>11:00-11:30</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-9</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>Chetu</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>Rhexu</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>Lhexu</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>Rhexu</u>	<u>11:35</u>	<u>0</u>	10.		

Number of Bolts Tested 28 0  
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 one over Pg. 5 Redf (as is)

Plan #150116 with crew at 6:30 AM  
[Signature] Assistant Mine Foreman Certificate No. 300805  
[Signature] Mine Foreman-Mine Manager Certificate No. 28736  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-09 Section or Area Examined #4 section
Time of Examination: from 1 a.m. or 9 a.m. to 2 a.m. or 10 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Marrah Time A.M. 305
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 8 rows of handwritten entries regarding safety violations and actions taken.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data for locations LOB, LT, and RT.

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

Travelways, walkways, haulageways, powercable and outlay shelter clear at time of exam Scott Halstead 37567

Intake Phone OK At Exam Scott Halstead 37567

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. 3908-06 Assistant Foreman Brian Collins 1543-A
Countersigned [Signature] Certificate No. 2872 Mine Manager-Mine Foreman [Signature] Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6-09 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/A</u>	<u>none</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>Batted to face</u>
3. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
4. <u>4R</u>	<u>SCRAP cut</u>	<u>mined out</u>
5. <u>5, 6</u>	<u>N/A</u>	<u>none</u>
6. <u>6R</u>	<u>SCRAP cut</u>	<u>mined out</u>
7. <u>7</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
8. <u>8, 9</u>	<u>N/A</u>	<u>none</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>435-500</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>830-908</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-9</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>LT 628</u>	<u>0%</u>	6.		
2.	<u>RT 659</u>	<u>0%</u>	7.		
3.			8.		
4.	<u>LT 1016</u>	<u>0%</u>	9.		
5.	<u>RT 1045</u>	<u>0%</u>	10.		

Number of Bolts Tested 58  
 Number of Bolts Torqued Above Range 5 Below Range 5

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 5 point 20 of RCP with check at start of shift at end of TK

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

Paul Bels  
Mine Foreman-Mine Manager

28736  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-08 Shift B/W 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 8 rows of handwritten entries such as 'None Observed', 'Needs Cleaned + Dusted', and 'Part Bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 6 rows of handwritten entries for 'LT Return' and 'RT Return' at various times.

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 Certificate Numbers: Ronald Jeffery (Assistant Mine Foreman), Resh Foster (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 10-7 20... Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes ✓ no \_\_\_\_\_  
 By whom R. Caffery Time 6:00 A.M. P.M.  
 Report received by L. Holla (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8% none observed</u>	
2. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>Rel</u>
3. <u>4</u>	<u>needs add'l clean</u>	<u>Rel</u>
4. <u>5 &amp; 6</u>	<u>none observed</u>	
5. <u>6</u>	<u>needs dusted</u>	<u>Rel</u>
6. <u>7</u>	<u>needs cleaned &amp; dusted</u>	<u>Rel</u>
7. <u>8</u>	<u>needs add'l clean</u>	<u>Rel</u>
8. <u>9</u>	<u>PART BOLTER</u>	<u>Rel</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L</u>	<u>19870</u>		
<u>R</u>	<u>21876</u>		

Remarks: Power center and Roadways clean at time of exam

CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
Out by shelter elec 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 Leffers 38424 Certificate No.  
 Countersigned Redd Foster 28736 Certificate No.  
 Assistant Foreman L. P. J. Holla 390808  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-7 Shift PM Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>3</u>	<u>needs cleaned down</u>	<u>connecty</u>
3. <u>4</u>	<u>needs add'l cleaned</u>	
4. <u>6</u>	<u>needs dusted</u>	
5. <u>2</u>	<u>needs cleaned &amp; dusted</u>	
6. <u>8</u>	<u>needs add'l cleaned</u>	
7. <u>3</u>	<u>Part hood</u>	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>7:00-7:30</u>	<u>Ø</u>	11.		
2.			12.		
3. <u>1-9</u>	<u>9:00-9:30</u>	<u>Ø</u>	13.		
4.			14.		
5. <u>1-9</u>	<u>11:00-11:30</u>	<u>Ø</u>	15.		
6.			16.		
7. <u>1-9</u>	<u>1:00-1:30</u>	<u>Ø</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>Ø</u>	6.		
2. <u>R Return</u>	<u>7:35</u>	<u>Ø</u>	7.		
3.			8.		
4. <u>L Return</u>	<u>10:55</u>	<u>Ø</u>	9.		
5. <u>R Return</u>	<u>11:35</u>	<u>Ø</u>	10.		

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

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 P.O. PART 2-24

[Signature] Assistant Mine Certificate No. 3908-00  
[Signature] Mine Foreman-Mine Manager Certificate No. 28736  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-7-09 Section or Area Examined #4 section
Time of Examination: from 1 a.m. or P.M. to 2 a.m. or P.M.
Was this report phoned to outside: Yes [X] no
By whom Steve Nagrah Time A.M. 3:10 P.M.
Report received by Simon Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 9 rows of handwritten entries such as 'CH4 0.9', 'Part Bolted', 'SCRAP cut', 'needs cleaned/dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with 'LT' and 'RT' measurements of 20,280 and 22,235.

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

Branchways, walkways, haulageways, pulverizers and outley shelter clean at time of exam Secto instead 37567 0-20.8-0

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 Steve Nagrah 39058-06 Simon Collins 1543-A
Countersigned Rick Baker 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 10-7-09 Shift AM 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 9 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 6 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) Read page 5 part 20 of RCP with chug at end of TK at start of shift

Assistant Mine, Certificate No. 1543A, 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 10-7 2009 Section or Area Examined 4 Section  
 Time of Examination: from 10 a.m. or 6 p.m. to 1045 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 1050 A.M.   
 Report received by Jay Stewart 59199  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1 <u>CH4 0/6</u>	<u>Not Bolted</u>	<u>reflected</u>
2	<u>Needs Clean and Dusted</u>	<u>reported</u>
3	<u>Needs Clean and Dusted</u>	<u>reported</u>
4 <u>3R</u>	<u>Scrap</u>	<u>reflected</u>
5 <u>4</u>	<u>None observed</u>	<u>None</u>
6 <u>5</u>	<u>Pant Bolted</u>	<u>reflected</u>
7 <u>6</u>	<u>Scrap</u>	<u>reflected</u>
8 <u>6R</u>	<u>Not Bolted</u>	<u>reflected</u>
9 <u>7</u>	<u>Need Clean and Dusted</u>	<u>reported</u>
10 <u>8</u>	<u>None observed</u>	<u>None</u>
<u>9</u>	<u>None observed</u>	<u>None</u>

Location	CFM	Location	CFM
<u>LOB R</u>	<u>22,610</u>		
<u>LOB L</u>	<u>20,108</u>		

Remarks: 0% CH4, 0% CO, 20.8% O2 Deteted at etam  
Chamber OK at etam  
Intake Phove OK at etam  
tunnels, walkways, haulageways powercenter down 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  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Rich Foster 28736  
 Mine Manager - Mine Foreman Certificate No.  
[Signature] 28600  
 Assistant Foreman  
 Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-09

Shift 3rd

Area or Section H Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1, 2, 3	None Observed	Rep.
2. 3R	Needs Cleaned & Dusted	Rep.
3. 4	None Observed	Rep.
4. 5	Not Bolted	Ref.
5. 6	None Observed	Rep.
6. 7	Not Bolted	Ref.
7. 8	None Observed	Rep.
8. 9	Needs Addl. Cleaning	Rep.

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 7-9	100-140am	0%	11.		
2.			12.		
3. 1-9	300-340am	0%	13.		
4.			14.		
5. 1-9	500-545am	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	100am	0%	6.		
2. RT Return	140am	0%	7.		
3.			8.		
4. LT Return	500am	0%	9.		
5. RT Return	645am	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

38424  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

39000  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-8-09 20-- Section or Area Examined 7 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 1:00  P.M.  
 Report received by Rick Foster  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. #1, #2, #3, #4, #6, & #8 entire O'chrs	none observed	none
2. #3K right #9, O'chrs	needs cleaned & dusted	reported
3. #5, & #7, O'chrs	not bolted (Rock down)	reflector
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

#### Air Measurements

Location	CFM	Location	CFM
Left L.O.X. cut	22,900		
right L.O.X.	23,440		
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO<sub>2</sub>, track, travelways,  
power center, scoop chager clear at time of exam  
Outly shelter clear at 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 Randy Lafferty 38424 Jimmie Wood 37883  
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Rick Foster 28736  
 Mine Manager—Mine Foreman  
John Cal 37000  
 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 10-8-9 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. Includes handwritten entries for locations #3, #9 and #5, #7 with violations like 'needs cleaned & dusted' and 'not bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten data for locations 1-4 at times 7:00-7:35, 9:00-9:30, 11:00-11:30, and 1:00-1:30, all with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten data for Lt Return and Rt Return at various times, all with 0% methane content.

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 che

Remarks (Statement as to General Conditions of Mine or Area of Mine) work on roof & rid, gas check

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 10-8-09 20 Section or Area Examined #4
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom James Woods Time A.M. 3:15
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 data including locations like '1', '2L', '3', '4', '5', '6', '7', '8', '9' and actions like 'None', 'Reflectors', 'Part Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains data for locations 'LAB' and 'AT' with CFM values of 21,900 and 20,200.

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

Tunnelways, walkways, haulageways, passageways and cutting shelter clear at TOE

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 James Woods Preshift-Mine Examiner Certificate No. 37383
Countersigned Brian Collins Mine Manager-Mine 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 10-8-09 Shift Eve 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 through 8.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1 through 5.

Number of Bolts Tested 70 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) Read page 5 part 15 of RCP with clear at start of shift at end of TK

Assistant Mine, Certificate No. 1543-A, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-8 2009 Section or Area Examined 4 Section  
 Time of Examination: from 10 a.m. or 6:30 p.m. to 10:45 a.m. or 6:30 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time A.M. 10:50  P.M.  
 Report received by Jay Stewart 39199  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>CH<sub>4</sub>-0%</u>	<u>Stopped</u>	<u>Reported</u>
2. <u>2</u>	<u>Scrap Cut</u>	<u>Reflected</u>
3. <u>3</u>	<u>None observed</u>	<u>NONE</u>
4. <u>4</u>	<u>Part Bolted</u>	<u>Reflected</u>
5. <u>5</u>	<u>Need add cleaning</u>	<u>Reported</u>
6. <u>6L</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
7. <u>7</u>	<u>Need add cleaning</u>	<u>Reported</u>
8. <u>8L</u>	<u>Not Bolted</u>	<u>Reflected</u>
9. <u>9</u>	<u>Stopped</u>	<u>Reported</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>23,140</u>		
<u>LOB L</u>	<u>21,625</u>		

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected at exam  
Track, Travelway, PC, Changers, 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 Brian Collins 1543-A  
 Preshift-Mine Examiner Certificate No.  
 Countersigned [Signature] [Signature]  
 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 10-9-09 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 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) Track, Travelways + Out by Air Chamber Clear AT Time of Exam

Signatures and titles: Assistant Mine, Certificate No. 38424, Mine Foreman-Mine Manager, Certificate No. 39000, Superintendent or Assistant.

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-9-09 20. Section or Area Examined 4 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 Zoffetto Time 6:00 A.M. P.M.  
 Report received by Rick Foster  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
#1. entry, D <sup>2</sup> ch <sup>2</sup>	none observed	none
#2. entry, D <sup>2</sup> ch <sup>2</sup>	scrap cut	reflected
#3. entry, D <sup>2</sup> ch <sup>2</sup>	needs cleaned & dusted	reported
#4. entry, D <sup>2</sup> ch <sup>2</sup>	none observed	none
#5. entry, D <sup>2</sup> ch <sup>2</sup>	needs additional cleaning	reported
#6. X left, D <sup>2</sup> ch <sup>2</sup>	not bolted	reflected
#7. entry, D <sup>2</sup> ch <sup>2</sup>	needs additional cleaning	reported
#8. entry, D <sup>2</sup> ch <sup>2</sup>	needs cleaned & dusted	reported
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
left L.O.X. cut	9700		
right L.O.X. cut	2245		

Remarks: 20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, 0% CO. track, trackways, power center, scoop chaper clear at time of exam.  
Outlet cleaner 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 Zoffetto Preshift Mine Examiner Certificate No. 38424  
 Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 39058-08  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2</u>	<u>SCIAL</u>	<u>correctly</u>
3. <u>3</u>	<u>needs cleaned/dug</u>	/
4. <u>5</u>	<u>needs add'l clean/dug</u>	
5. <u>6L</u>	<u>not bolted</u>	
6. <u>7</u>	<u>needs add'l clean</u>	
7. <u>8</u>	<u>needs cleaning/dug</u>	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>7:07:30</u>	<u>0</u>	11.		
2. <u>1-8</u>	<u>9:00-9:00</u>	<u>0</u>	12.		
3. <u>1-8</u>	<u>11:00-11:00</u>	<u>0</u>	13.		
4. <u>1-8</u>	<u>1:00-1:30</u>	<u>0</u>	14.		
5. <u>1-8</u>	<u>1:00-1:30</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>LLOB</u>	<u>6:05</u>	<u>0</u>	6.		
2. <u>RLOB</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>LLOB</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>RLOB</u>	<u>11:35</u>	<u>0</u>	10.		

Number of Bolts Tested 22  
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) sent over Pg. 6 Para 2-33

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
[Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-9-09 20. Section or Area Examined #4 sect  
 Time of Examination: from 1 a.m. or PM to 2 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harrath Time AM 3:10  
 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>2</u>	<u>needs cleaned + dusted</u>	<u>Reported</u>
3. <u>3L</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
4. <u>4, 5, 5L</u>	<u>N/A</u>	<u>none</u>
5. <u>6</u>	<u>N/A</u>	<u>none</u>
6. <u>7L</u>	<u>Part Bolted</u>	<u>Reflectors</u>
7. <u>8</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20, 210</u>		
	<u>Rt 22, 480</u>		

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

tunnelways, walkways, haulageways, powercenter  
and outby shelter clean 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 [Signature] Certificate No. 390808  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 1543-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 10-9-09 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/A</u>	<u>none</u>
2. <u>2</u>	<u>Needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3. <u>3L</u>	<u>SCRAP cut</u>	<u>Reflected</u>
4. <u>4, 5, 5L, 6</u>	<u>N/A</u>	<u>none</u>
5. <u>7L</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
6. <u>8</u>	<u>SCRAP cut</u>	<u>mined out</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-9</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-9</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-9</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 Lt</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. <u>11 Rt</u>	<u>700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>11 Lt</u>	<u>1014</u>	<u>0%</u>	9. _____	_____	_____
5. <u>11 Rt</u>	<u>1042</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 22  
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 5 part 16 of RCL with skew at end of TK at start of shift

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

Conrad Lamb  
Mine Foreman-Mine Manager

150000  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-9 2009 Section or Area Examined 4 Section  
Time of Examination: from 10 a.m. or 6 p.m. to 1045 a.m. or 6 p.m.  
Was this report phoned to outside: Yes  no   
By whom Brian Collins Time 11 PM  
Report received by Joey Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>CH4 0%</u>	<u>NONE observed</u>	<u>NONE</u>
2	<u>need add cleaning</u>	<u>Reported</u>
3 <u>L</u>	<u>Scrap</u>	<u>Reflected</u>
4	<u>NONE observed</u>	<u>NONE</u>
5	<u>not Bolted</u>	<u>Reflected</u>
6 <u>5L</u>	<u>Part Bolted</u>	<u>Reflected</u>
7 <u>6</u>	<u>Scrap</u>	<u>Reflected</u>
8 <u>7</u>	<u>needs clean and Dusted</u>	<u>Reported</u>
9 <u>8</u>	<u>needs clean and Dusted</u>	<u>Reported</u>
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>22,289</u>		
<u>LOB L</u>	<u>20,407</u>		

Remarks: 20.8% O2 Detected at exam, 0% CH4, 0% CO Detected at exam  
Chamber OK at exam  
Intake Phone OK at exam  
Track, Haulage road 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543-A  
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. [Signature]  
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-10-07 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	None Observed	Rep.
2. 2	Needs Add'l. Cleaning	Rep
3. 3L	Scrap Cut	Ref
4. 4, 5, & 6	None Observed	Rep.
5. 7	Not Bolted	Ref.
6. 8	None Observed	Rep.
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	100-135 AM	0%	11.		
2.			12.		
3. 1-8	300-335 AM	0%	13.		
4.			14.		
5. 1-8	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	1 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

Russell Joffery Assistant Mine 38424 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10 20... Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time 6:00 A.M. P.M.  
 Report received by S. Hermal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>Ref none observ</u>	
2.		<u>needs add'l cleane</u>	<u>Ref</u>
3.		<u>scrap</u>	<u>Ref</u>
4.		<u>Ref none observ</u>	<u>Ref</u>
5.		<u>NOT Bolted</u>	<u>Ref</u>
6.		<u>Ref none observ</u>	<u>Ref</u>
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>18240</u>		
<u>R LOB</u>	<u>19285</u>		

Remarks: Power center And Roadways clear At time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 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 Preshift Mine Examiner Certificate No. 38424  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 390508  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10/20 Shift PM Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.	<u>waddy add' down</u>	<u>correct</u>
3.	<u>Scrap</u>	
4.	<u>105' 100' / Kan</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>7:00-7:30</u>	<u>Ø</u>	11.		
2. <u>1-8</u>	<u>9:00-9:30</u>	<u>Ø</u>	12.		
3. <u>1-8</u>	<u>11:00-11:30</u>	<u>Ø</u>	13.		
4. <u>1-8</u>	<u>1:00-1:30</u>	<u>Ø</u>	14.		
5. <u>1-8</u>	<u>1:00-1:30</u>	<u>Ø</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>L Retn</u>	<u>6:55</u>	<u>Ø</u>	6.		
2. <u>R Retn</u>	<u>7:35</u>	<u>Ø</u>	7.		
3.			8.		
4. <u>L Retn</u>	<u>10:55</u>	<u>Ø</u>	9.		
5. <u>R Retn</u>	<u>11:35</u>	<u>Ø</u>	10.		

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

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 over B. II Roof control / PM with crew at 6:30 AM

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
Certificate No. 3058-08 Certificate No. 37383  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

VRF

Date of Examination 10-10-09 20. Section or Area Examined A4 section  
 Time of Examination: from 1 a.m. or pm to 2 a.m. or pm.  
 Was this report phoned to outside: Yes  no   
 By whom James Woods Time A.M. 3:05 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, 2, 3</u> <u>CH4 0%</u>	<u>NO</u>	<u>None</u>
2. <u>4</u> <u>"</u>	<u>SCRAP CUT</u>	<u>Reflectors</u>
3. <u>5</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflectors</u>
4. <u>G, 7, 8</u> <u>"</u>	<u>NO</u>	<u>None</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20,209</u>		
	<u>Rt 21,610</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O2 0% CH4 Oppn ° at time of exam  
Travelways, walkways, haulways, pulverizers and  
cutty shelter clear at time of exam  
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 James Woods Preshift-Mine Examiner Certificate No. 3738-3  
 Countersigned Bruce Collins Mine Manager—Mine Foreman 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 10-10-09 Shift Eve Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>n/a</u>	<u>none</u>
2. <u>4</u>	<u>Scrapcut</u>	<u>mined out</u>
3. <u>5</u>	<u>Pact Bolted</u>	<u>hatted to face</u>
4. <u>6, 7, 8</u>	<u>N/a</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-9</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-9</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-9</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-9</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 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>1014</u>	<u>0%</u>	9. _____	_____	_____
5. <u>" Rt</u>	<u>1040</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 72  
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) Read page 5 part 17 of RCP with crew at end of TK at start of shift

Brown Collins Assistant Mine Certificate No. 1543-A  
[Signature] Mine Foreman-Mine Manager Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-10-69 20 Section or Area Examined 45 section  
 Time of Examination: from 000 a.m. or 0 p.m. to 1045 a.m. of 0 p.m.  
 Was this report phoned to outside: Yes 0 no 0  
 By whom Collins Time 1100 A.M. P.M.  
 Report received by Gen Almon (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken	
1.	1	CH <sub>4</sub> 0/6	N/O	none
2.	2	}	Scraped	mining
3.	3		Part Bolted	Reflected
4.	4		N/O	none
5.	SR		Scrap	Reflected
6.	6, 7, 8	N/O	none	
7.				
8.				
9.				
10.				

### Air Measurements

Location	CFM	Location	CFM
LT	20,086		
RT	21,107		

Remarks: 02CLY 02CO 20.8202  
Travelways clear walkways Power centers clear  
outby Shelter 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 380000  
 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. _____	_____	_____

*sect Idle*

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2009 Section or Area Examined 4 Section
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-10, including '0% CH4', 'SCRAP cut', and 'part broken'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Left' (19,980) and 'Right' (26,200).

Remarks: 0% CH4, 0% CO, 26.8% O2, track, travelways, pc's chargers, clear at time of exam, shelter chamber - OK, intake phone - 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 George Curry Freshift-Mine Examiner Certificate No. 27429
Countersigned Mine Manager-Mine Foreman Assistant Foreman Certificate No. 3906000
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 of Action \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11-09 Section or Area Examined 4 Section
Time of Examination: from 1:15 or (p.m) to 1:48 or (p.m)
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry, #2 Entry, #3 thru 8 Entries, #9 Entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Left, Right.

Fresh Air Bay - Clear 0-20.8-0
Intake Phone - OK

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM time
Powercenters, Chargers, D-Box track travelways & haulways - 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 Scott Habstead 37567 Certificate No.
Countersigned Assistant Foreman

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 10-11 Section or Area Examined #4 Section  
 Time of Examination: from 9:30 a.m. or 9:30 p.m. to 10:05 a.m. or 10:05 p.m.  
 Was this report phoned to outside: Yes no  
 By whom George Curry Time 11:15 A.M. P.M.  
 Report received by Greg Cal 1941-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 % CH <sub>4</sub>	Stopped mining	Draped
#2	Additional Drifting	Reported
#3, 4, 5, 6, 7, 8	None Observed	Reported
#9	Stopped mining	Draped
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LEFT LOB	19160		
Right LOB	18890		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0 PPM CO Power Centers, Chargers  
D-Boxes, Track, Travelways, and Haulage ways clear  
at Time of exam Fresh air Bay and 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 George Curry 27429 Preshift-Mine Examiner Certificate No.  
 Countersigned Greg Cal 1941-A 28736 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 10-12-09 Shift 3rd

Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1, 2, 3</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>4, 5</u>	<u>None Observed</u>	<u>Rep.</u>
3.	<u>6, 6R</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
4.	<u>7, 8</u>	<u>None Observed</u>	<u>Rep.</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>100-135 AM</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>300-336 AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-8</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>135 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, Outby Air Chamber  
Clear AT TIME OF Exam

Randall Lockett  
Assistant Mine

38424  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12 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. Radford Time 5:55 (A.M) P.M.  
 Report received by E. Ballal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1, 2, 3 CH <sub>4</sub> % 0.208%	none observe	
2. 405	none observe	
3. 606h	weeds add' chens	Rep
4. 78	none observe	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LLOB	19950		
RLOB	22078		

Remarks: power center & roadway clear at the of 620  
CH<sub>4</sub>% 0.208% scoop changes of  
out by shelter clear at line of 620.

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 Zapperty Certificate No. 38424  
 Preshift-Mine Examiner  
 Countersigned E. Ballal Mine Manager - Mine Foreman  
 Assistant Foreman  
 Assistant Foreman [Signature] Certificate No. 3008-00  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-12 Shift DAY Area or Section 47

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	<u>6'6"</u> <u>needs bolted / down</u>	<u>Corrected</u>
4.		
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.		<u>80%</u>
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 22 0  
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 5 PARA 21-23  
with crew at 6:30 AM

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
[Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-12-69 20. Section or Area Examined #4 section  
Time of Examination: from 1 a.m. or pm. to 2 a.m. or pm.  
Was this report phoned to outside: Yes  no   
By whom Steve Horrab 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. #1, 2	CH <sub>4</sub> 0%	NONE
2. 2L	"	Reflectors
3. 3	"	Reported
4. 4	"	NONE
5. 5R	"	Reflectors
6. 6, 7	"	None
7.	"	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	Lt 20, 125		
	Rt 22, 360		

Remarks: 20.8% O<sub>2</sub> CH<sub>4</sub> approx at time of exam

travelling, walkways, haulways, pulverizers and other  
shut down at time of exam Sect Head 37567

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 [Signature] 300806 Bruce Collins 1543-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] 37567  
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 10-12-09 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 handwritten entries for locations 1-7.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 56 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) Read page 4, para 4 of RCR, with copy at start of shift at end of truck

Assistant Mine, Certificate No. 1543-17, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12-09 Section or Area Examined 24  
Time of Examination: from 10:00 a.m. or p.m. to 1:45 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom [Signature] Time A.M. 11:00 P.M.  
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CHC	unsub eps	Reported
2. 2x	scrap	Rt. Master
3. 2x	rust bolted	Rt. Master
4. 3	no	
5. 4x	scrap	Rt. Master
6. 5	no	
7. 6	rust bolted	Rt. Master
8. 7	unsub cleaning	Reported
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Left	20,576		
Right	22,740		

Remarks: *Handways of Handways clean at head of  
extension  
Bowen Crater of Haysen - all  
Area of Haysen - OK  
entrance Haysen - 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 *Deven Collins* Freshift-Mine Examiner Certificate No. 1543-A  
Countersigned *[Signature]* Mine Manager - Mine Foreman Assistant Foreman Certificate No. 72284  
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 10-13-09 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. Entries include: 1. None Observed, Rep.; 2. Scrap Cut, Ref.; 3. None Observed, Rep.; 4. None Observed, Rep.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries include: 1. 1-7, 100-135AM, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries include: 1. Lt Return, 100AM, 0%.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Chamber

Clear At Time of Exam

Assistant Mine 38424 Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant