

5-18-10-11  
②

Belt construction

# PRESHIFT - ONSHIFT and DAILY REPORT

Cutting AND Welding

Company PERFORMANCE COAL

Mine UBB

SECTION All.

LOCATION \_\_\_\_\_

Post Office

County

State

12 bbls  
2' long  
3'

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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M5014

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination H-9 2008 Section or Area Examined 2 Sections

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

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

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

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

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

Location	Violation or Hazardous Condition	Action Taken
1.	Cutting on new #7 Belt Head	
2.	Started at 10:00 AM Finished at 130 PM	
3.	Checked after cutting at 1:31 PM	
4.	and at 2:30 PM	
5.	0% CH <sub>4</sub> detected	
6.	0% CO detected	
7.	20.9% O <sub>2</sub>	
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM

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

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

Signed By D. Parashoy 30539  
Preshift-Mine Examiner

Countersigned Wm. Harlin 29798  
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 4-10 Shift DAY Area or Section 2 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.	Cutting + Welding on new # 7 head	
3.	Started At 9:00 AM	
4.	Finished At 1:30 PM	
5.	Checked AFTER Cutting At 1:35 PM	
6.	And 2:35 PM No Smoke or Fires	
7.		
8.	0% CH <sub>4</sub> 20.9% O <sub>2</sub> 0% CO detected AT EXAM	

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) \_\_\_\_\_

M. Kibben Assistant Mine Foreman Certificate No. 33017  
Wm. Huler Mine Foreman-Mine Manager Certificate No. 29148  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-24-08 20. Section or Area Examined OLD UBB #1 Head  
 Time of Examination: from 8:45 a.m. or p.m. to 9:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom M. K. B. [Signature] Time 9:34 A.M. P.M.  
 Report received by B. [Signature] (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.		
2.	<u>Cutting on OLD UBB #1 Head</u>	<u>Reported</u>
3.		
4.		
5.		
6.	<u>0% CH<sub>4</sub>, 20.8% O<sub>2</sub></u>	
7.		
8.		
9.		
10.		

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>  
NO HAZARDS OBSERVED  
Stopped Cutting AT 12:30 PM Checked Area  
AT 1:30 NO HAZARDS FOUND

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 M. K. B. [Signature] 33017  
 Preshift-Mine Examiner Certificate No.  
 Countersigned B. [Signature] 27148  
 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 5-7-08 Shift 3RD Area or Section #2 Head LBB

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>CUTTING + welding on</u>		
2. <u>CRAT walk</u>		
3. _____		
4. <u>0% CH4</u>	<u>20.8% O2</u>	
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. <u>Stopped cutting + welding</u>	<u>AT 3:30 AM</u>		6. _____		
2. _____	<u>Checked area</u>		7. _____		
3. _____	<u>AT 4:30</u>		8. _____		
4. _____	<u>Nothing found</u>		9. _____		
5. _____	<u>John Papp 3-395</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) \_\_\_\_\_

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 5-12-08 Section or Area Examined HG-16

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

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. Cutting AT Old Mother Drive HG-16, 2. Started CUTTING AT 9:30 AM, 3. Finished Cutting AT 1:15 PM, 4. Checked Area AT 1:45 PM + AT 2:30 PM, 5. No HAZARDS Found

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: good Air Movement

Remarks: 0% CH4 20.9% O2 0% CO detected AT BxAm

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 M. K. [Signature] 33017 Certificate No. Assistant Foreman
Countersigned Wm. [Signature] 29148 Certificate No. Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 5-15-07 Shift Day Area or Section Doors at Plumley Switch

Violations and other Hazardous Conditions Observed and Reported

- | Location | Violation or Hazardous Condition          | Action taken |
|----------|---|--------------|
| 1.       | cutting & welding doors at Plumley switch |              |
| 2.       |   |              |
| 3.       | Started cutting at 9:00 AM                |              |
| 4.       | Finished cutting & welding at 2:30 PM     |              |
| 5.       |   |              |
| 6.       | Checked area at 3:00 PM & 3:15 PM         |              |
| 7.       |   |              |
| 8.       | no hazards found                          |              |

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.		good air movement	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.		0% CH <sub>4</sub> 2.6% CO <sub>2</sub>	20.		0% CO detected at time of exam

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) \_\_\_\_\_

PC Shuk  
Assistant Mine

32526  
Certificate No.

Wm. Huler  
Mine Foreman-Mine Manager

29148  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 5-16 2008 Section or Area Examined Mouth of 2 Section

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

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

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

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Cutting + welding at out by Doors</u>		
2. <u>At Mouth of 2 section</u>		
3. <u>Started At 11 AM Finished</u>		
4. <u>At 12:15 PM</u>		
5. <u>Checked Area At 1:25 PM</u>		
6. _____		
7. <u>No hazards Found</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good Air Flow</u>			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected  
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 M. Kishner  
Preshift Mine Examiner

33017  
Certificate No.

Countersigned Wm. Baker  
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 5-21-06 Shift Day

Area or Section Plumley Doors

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Welding at in by doors Plumley	started at 8:30 AM Finished at 9:00 AM	
2. Checked area at 10:05 AM		
3. No hazards found		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. good Air movement			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. 0% CH4 at time of exam	7:09 PM	0.2	6. 0% CH4 detected		
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: *[Signature]* Certificate No. 32526  
 Mine Foreman-Mine Manager: *[Signature]*  
 Superintendent or Assistant: *[Signature]* Certificate No. 29148

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 5-29 2008 Section or Area Examined 3 Head Old 1 section

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

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

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

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	Cutting on Tail Peice	
2.	Started cutting at 9:00 AM	
3.	Finished cutting 12:15 PM	
4.	Checked Area before cutting	
5.	Checked Area After cutting at 1 PM	
6.	No HAZARDS Found	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected 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 M. Schirmer Preshift-Mine Examiner  
 Countersigned W. H. [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 6-3-08 Shift Owl

Area or Section Old VAB #2 belt tail #4 entry

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Cutting on tail piece and rock box</u>		
2. <u>Started at 12:30 AM stopped 3:30 AM</u>		
3. <u>Checked for Hot metal or burning coal</u>		<u>None found</u>
4. <u>Checked for CH4</u>		<u>None found</u>
5. <u>Oxygen was 20.9</u>	<u>at time of check</u>	<u>4:05 AM</u>
6. <u>Checked for CO</u>		<u>None was found on all 3 of bench -</u>
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 [Signature] Certificate No. 2918

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 7-11 2008 Section or Area Examined Const Overcasts - Old section  
Time of Examination: from a.m. or p.m. to a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Welding on Frames		
2. started welding At 9 Am		
3. stopped welding At 2 Pm		
4. Checked Area Before + 30 min After		
5. No hazards Found		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% CH4 20.9% O2 0% CO detected 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 M. [Signature] 33017  
Preshift Mine Examiner  
Countersigned [Signature] 2998  
Mine Manager—Mine Foreman  
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 7-15 Shift DAY Area or Section 6BRK 4NorthBelt

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action taken

1. \_\_\_\_\_
2. Started cutting head out at 830Am
3. Finished cutting 11Am
4. Checked Area Before + 30min After

5. \_\_\_\_\_  
6. No hazards Found

7. \_\_\_\_\_  
8. 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected

good Air movement  
Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____			11. _____		
2. <u>M. Kihlman</u>		<u>33017</u>	12. _____		
3. _____			13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman / Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 7/16 208 Section or Area Examined cut at Flow thru 6 BK 10M  
Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken

Air Measurements

Location	CFM	Location	CFM
<u>Good airment</u>			

Remarks: 0% chf 0% CO 20.9% O2 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  
Countersigned [Signature] Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-23 Shift Day Area or Section LBB #2 Head

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	cut legs off	take up at 11:00 AM
2.	Finished at	12:30 PM
3.	check Area and found in safe condition	
4.	No smoke OR steam	at 1:30 PM
5.		
6.	Found No Hazards	
7.		
8.	10% CH <sub>4</sub>	10% CO 21.07.02

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) \_\_\_\_\_

Man L. Fisher  
Assistant Mine

37004  
Certificate No.

Wm. Hulen  
Mine Foreman-Mine Manager

2968  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3 20 08 Section or Area Examined New Track Switch-3 section
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. Cutting Rails For new switch At 3 section + East mains; 2. Fire bassed Area Before + 30 min AFter cutting; 3. No HAZARDS Found; 4. 0% Chy 20.9% O2 0% Co detected AT Exam

Air Measurements

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

Remarks:

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

Signed By [Signature] 37004 Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-08 Shift Day Area or Section #3 Section Head

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Cut Rails on Track at New Switch		
2.	9:00 - 10:00 AM		
3.	Checked Area	30 mins after cutting	
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Track checked Area			11.	Before & after cutting		
2.				12.			
3.	0% CH <sub>4</sub>		0% CO	13.	21.0% O <sub>2</sub>		
4.				14.			
5.	Found No Hazards			15.	in cutting Area		
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)

W. J. ... Assistant Mine Certificate No. 37004  
... Mine Foreman-Mine Manager Certificate No. 37222  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-8-09 20 Section or Area Examined \_\_\_\_\_  
Time of Examination: from 11 a.m. or p.m. to 2 a.m. or p.m.  
Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
By whom Mahon Perdue Time A.M. 3:50  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
	<u>Cut Take up P on Head</u>	
	<u>check for Hot Spots 40 min after quit cutting</u>	
	<u>11:00 AM to 2:00 pm</u>	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>checked Area Before &amp; after cutting</u>			
<u>found no Hazards</u>			
<u>02, 20.9%</u>	<u>.0% Chf</u>	<u>.0% Co</u>	

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Mahon Perdue Certificate No. 37004  
Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
Countersigned \_\_\_\_\_  
Mine Manager—Mine Foreman \_\_\_\_\_  
Assistant Foreman \_\_\_\_\_  
Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-09 Shift Day Area or Section 1 North Tail

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Cut out Tail</u>		
2. <u>check for Hot spots 1 HR after Cutting</u>		
3. <u>11: Am to 2: pm</u>		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Check for Hazards Before &amp; after</u>					
2. <u>Cutting</u>		<u>Found None</u>			
3. _____			13. _____		
4. <u>02, 20.9</u>		<u>.07% Co</u>	14. <u>.0% CH4</u>		
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) \_\_\_\_\_

W. J. Puck 37004  
Assistant Mine Certificate No.

[Signature] 37221  
Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23-09 2009 Section or Area Examined Motherdrive Workarea
Time of Examination: from 10:00 am or pm to 2:30 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: Use torches on 255 work horse started cutting at 10:00am. Quit at 2:30pm checked for Hot spots after cutting.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Checked area before & after cutting found no Hazards. 0% ch4 0% CO 20.8 O2 was detected at time of exam's

Remarks:

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Michael A. Farrell Preshift-Mine Examiner Certificate No. 37942
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-27-09 Shift Day Area or Section Mouth of headgate 16

Violations and other Hazardous Conditions Observed and Reported

- | Location | Violation or Hazardous Condition | Action taken                               |
|----------|----------------------------------|--|
| 1.       | cutting out Flow through         | Started at 9:00 AM Quit at 2:30 PM checked |
| 2.       | for Hot spots after cutting      |  |
| 3.       |                                  |  |
| 4.       | Checked for smoke & Hot Spots    | at 4:45 PM                                 |
| 5.       | when left                        |  |
| 6.       |                                  |  |
| 7.       |                                  |  |
| 8.       |                                  |  |

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.		Checked area before & after cutting			found no Hazards
2.					was detected at time of exam.
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) \_\_\_\_\_

Michael A. Ferrell Assistant Mine 37942 Certificate No.  
Mark A. Perdon 37004 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30-09 2009 Section or Area Examined Mouth of 16 Flowthrough
Time of Examination: from 9:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom 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: Checked for smoke + Hot spots None observed, None.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Checked area before + after cutting found No Hazards.

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

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

Signed By Michael A. Small Preshift-Mine Examiner Certificate No. 37942
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-09

Shift

Area or Section Mouth of 16 Flow through

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Finished Cutting out Flow Thru at Mouth		
2. of LBB started at 9:30 AM quit at		
3. 12:00 PM checked for Hot spots &		
4. Smoke at 4:10 PM None Found		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Good Air Movement					
2. No ch4		0% CO <sub>2</sub>			21.0 O <sub>2</sub>
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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)

Talked To men about Tank & Torches & Methane checks  
Methane 37004

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 4-6-09 2009 Section or Area Examined Motherdrive Workarea

Time of Examination: from 9:30 a.m. or p.m. to 2:30 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>9<sup>am</sup></u>	<u>Made Guard around Air compressor started cutting &amp; welding at</u>	<u>Quit at 2:30pm No hot spots or smoke observed</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0% ch<sup>4</sup> 0% CO 20.802 was detected at time of exam

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

Signed By Michael G. Smith Preshift-Mine Examiner Certificate No. 37942

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

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

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-7-09 Shift Day Area or Section Motherdrive work area

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>welded on board on Aircompressor</u>	<u>Started welding at 9:30 am</u>	<u>Quit</u>
2. <u>at 3:00pm</u>	<u>No Hot spots or smoke observed</u>	
3. _____	_____	_____
4. <u>Also worked on welding legs under flowthrough</u>		
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good Air Movement</u>			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. <u>0% ch<sup>4</sup> 0% CO</u>	<u>20.8.02</u>	<u>was</u>	6. _____		
2. <u>detected at time of exam</u>			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) \_\_\_\_\_

Michael A. Farrell  
Assistant Mine

37942  
Certificate No.

[Signature]  
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 4-22-09 2009 Section or Area Examined Motherdrive Workarea

Time of Examination: from 9:30 a.m. or p.m. to 1:00 a.m. or p.m.

Was this report phoned to outside: Yes no [checked]

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.	Cutt Beams for A-Frame + Drive Frame started cutting	
2.	at 9:30am + quit at 2:30pm No Hot spots or smoke detected at	
3.	time of exam	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% ch4 0% CO 20.802 was detected at time of exam

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

Signed By Michael A Fenell 37942 Certificate No. Assistant Foreman Certificate No.

Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-23-09 Shift Day Area or Section Mother Drive Workarea

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>worked on welding A-Frame down to pad started at 8:00am</u>		
2. <u>quit at 2:30pm No Hot spot or smoke detected at time of exam</u>		
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good Air Movement</u>			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. <u>0% CH<sub>4</sub> 0% CO 20.802 was detected at time of exam</u>			7. _____		
2. _____			8. _____		
3. _____			9. _____		
4. _____			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) \_\_\_\_\_

Michael A Ferrell  
Assistant Mine

37942  
Certificate No.

[Signature]  
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 4-27-09 Section or Area Examined Motherdrum  
Time of Examination: from 9:00 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)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
	1. Welded on Drive & A Frame started at 9:00am & quit at 3:00pm	
	2. No Hot spots or smoke detected	

Location	CFM	Air Measurements	Location	CFM
Good air movement				

Remarks: 0% ch 4, 0% CO 20.802 was detected 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 Michael A. Ferrell 37942  
Preshift-Mine Examiner Certificate No.  
Countersigned 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 4-30-09 Shift Day Area or Section motherdrive work Area

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>welded on Drive &amp; heizmenjacks</u>	<u>Started at 8:00am &amp; quit at 2:30pm</u>	
2. <u>No Hot spots or smoke detected</u>		
3. <u>-----</u>	<u>-----</u>	<u>-----</u>
4. <u>-----</u>	<u>-----</u>	<u>-----</u>
5. <u>-----</u>	<u>-----</u>	<u>-----</u>
6. <u>-----</u>	<u>-----</u>	<u>-----</u>
7. <u>-----</u>	<u>-----</u>	<u>-----</u>
8. <u>-----</u>	<u>-----</u>	<u>-----</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0% ch<sup>4</sup> 0% CO</u>	<u>20:30</u>	<u>20.802 was detected at time of exam</u>	6. <u>-----</u>		
2. <u>-----</u>			7. <u>-----</u>		
3. <u>-----</u>			8. <u>-----</u>		
4. <u>-----</u>			9. <u>-----</u>		
5. <u>-----</u>			10. <u>-----</u>		

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)

Michael J. Fenell  
Assistant Mine

37942  
Certificate No.

-----  
Mine Foreman-Mine Manager

-----  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 5-4-09 20. Section or Area Examined Motherdrive

Time of Examination: from 8:00 a.m. or p.m. to 2:30 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. welded on Drive & beam jacks started at 8:00 AM & quit at 2:30 PM	
	2. No Hotspots or smoke detected at time of exam	

Air Measurements	
Location	CFM
Good Air Movement	

Remarks: 0% ch<sub>4</sub> 0% CO 20.8 O<sub>2</sub> was detected at time of exam

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

Signed By Michael A Fenell 37942 Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] Mine Manager—Mine Foreman 35060 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 5-5-09 Shift Day Area or Section Motherdrive

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. worked on heizman Jacks & fence Guards started cutting & welding at 8:00 am & quit at 2:30 pm No Hotspots or smoke detected at exam		
2. -----	-----	-----
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Good Air Movement			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. 0% ch <sub>4</sub> 0% CO 20.8 O <sub>2</sub> was detected at exam.			7. -----		
2. -----	-----	-----	8. -----	-----	-----
3. -----	-----	-----	9. -----	-----	-----
4. -----	-----	-----	10. -----	-----	-----

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 5-18-09 20. Section or Area Examined

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

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by (Signed)

Table with 3 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Contains handwritten entries for cutting/welding, hot spots, and time periods.

Table for Air Measurements with columns for Location, CFM, Location, CFM. Contains handwritten entry 'Good Air Movement'.

Remarks: work areas & travel ways in good condition at time of exam. 0% ch4 0% co 20.802 was detected at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report. Signed By Michael A. Farrell, Pre-shift-Mine Examiner. Certificate No. 37942. Countersigned [Signature], Mine Manager-Mine Foreman. Certificate No. 32060-08. Assistant Foreman. Superintendent or Assistant.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-5-09 2009 Section or Area Examined L/W Beltline  
Time of Examination: from 9:15 a.m. or p.m. to 10:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Marvin Leddy Time 12:28 P.M.  
Report received by Michael J. Ferrell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Cut 27 old brackets off belt structure</u>	<u>started at 9:15am + quit 10:00 AM</u>	
2. <u>No Hotspots or smoke detected</u>	<u>0% CH<sub>4</sub> 0% CO 20.802</u>	
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

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

Remarks: Work Areas in good condition 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 Marvin Leddy Preshift-Mine Examiner Certificate No. 37004  
 Countersigned Michael J. Ferrell Mine Manager—Mine Foreman Certificate No. 3700008  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-21-09 Shift Day Area or Section Glary Hole Head

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	cutting on Head	Quit at 12:30 PM
2.	checked for Hot spots	at 1:30 PM
3.	found	None
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.		Good Air Movement			
2.					
3.		.0% CH <sub>4</sub>	13.		20.80%
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) work Area in Good

Conditions at time of exam

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-2-09 20. Section or Area Examined 131 BK  
Time of Examination: from 9 or p.m. to 1 a.m. or 6th  
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>Cutting out Rock Box &amp; Tail</u>		
2. <u>Started at 9:00 AM</u>		
3. <u>Quit at 12:45</u>		
4. <u>waited till 1:45 checked for</u>		
5. <u>Hot Spots didn't find any or</u>		
6. <u>smoke</u>		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO 20.87 O<sub>2</sub>

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

Signed By W. J. [Signature] 37054  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned T. [Signature] 37054  
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 1/16-09 Shift owl Area or Section 1 Sec II LW Const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Cut Rails & welded to Head	started at 2:00 AM	Finished at 5:00 AM checked for smoke & Hot Spots at 6:00 AM None found
2.		
3.		
4.		
5.	1.0% CH <sub>4</sub>	1.0% CO, 20.9% O <sub>2</sub>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. work Area		Clear	11.		
2.			12.		
3.			13.		
4.		Good Air Movement	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) \_\_\_\_\_

Man & Rudie Assistant Mine Certificate No. 37004 T. Moore Mine Foreman-Mine Manager Certificate No. 35589 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3-09 20 Section or Area Examined #1 Sec  
Time of Examination: from a.m. or p.m. to a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Time A.M. 3:15 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	Started welding & Cutting at 9:30 AM	
2.	Finished at 1:00 PM checked for Hot spots & Fire later at 2:00 PM	
3.	None found	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
10% CH <sub>4</sub>	10% CO	20.8	70.02

Remarks:

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

Signed By [Signature] 37004 Preshift Mine Examiner Certificate No.  
Countersigned [Signature] 33352 Mine Manager—Mine Foreman Assistant Foreman Certificate No.  
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-27-10 20 10 Section or Area Examined 52 brk construction  
Time of Examination: from 9:00 a.m. or p.m. to 2:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Work area	0% CH4	
2.		
3.	Worked on cutting belt drive & takeup out started at 9:00am	
4.	& finished at 2:00pm No Hotspots or fire detected at time of exam	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 20.802 0% CO was detected at time of exam

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

Signed By Michael A Fenell 37942  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-28-10 Shift Day Area or Section 52 brk construction

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	work on cutting belt drive & take up out at 52 brk started	
2.	at 9:00am & finished up at 2:00pm No Smoke or Hotspots	
3.	detected at time of exam	
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.		Good Air Movement	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) \_\_\_\_\_

*Michael A Ferrell* 37942

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant