

5-18-10-12 (3)
Fire Drill & Evacuation Drill

PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance Coal

Mine UBB

SECTION Longwall setup - motherdrive

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-16-09 Shift Day Area or Section Motherdrive

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

1. Went over Fire Fighting and Evacuation Drill
2. went over Denning and transfer from one SCSR to another SCSR
3. went over location of lifelines, SCSR Cashes & Shelters
4. went over escape way map
5. Location of fire hoses, Rockdust, fire extinguishers
6. went over fire evacuation plan
7. traveled Secondary escape way from Motherdrive to outside
8. _____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>members of drill</u>			11. _____		
2. <u>John Cox</u>			12. _____		
3. <u>Cliffon Stover</u>			13. _____		
4. <u>Marvin Perdue</u>			14. _____		
5. <u>Justin Mourad</u>			15. _____		
6. <u>Jerry Weeks</u>			16. _____		
7. <u>John Gillenwater</u>			17. _____		
8. <u>Mike Kiblinger</u>			18. _____		
9. <u>Charles Athey</u>			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 Farrell
Assistant Mine

37942
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 _____ 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) _____

Location	Violations and other Hazardous Conditions Observed and Reported Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ Mine Manager—Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Date 5-29-09 Shift Day Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	went over Fire Fighting with Crew on Section	
2.	A-6 #1 Setup Fan	
3.	went over location of Recharge and All men	
4.	went over Escap way maps	
5.	held meeting at Chgo went over use of fire exits	
6.		
7.		
8.	walked escap way for setup to old side	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Hoge Hill		Terrance Adkins	11. Cliff Stover		
2. Lunda Cox		Joe McCormack	12. Jerry Weeks		
3. Ryke Lane			13. Dennis Simms		
4. Ricky Davis Jr			14. Rodney Osborne		
5. Joel Price			15. Justin Mourad		
6. Kevin Brown			16. Mike Kiblinger		
7. Dillard Persinger			17. Josh Hedge		
8. Marvin Perdue			18. Matt Howerton		
9. John Cox			19. Charles Athey		
10. John Gillenwater			20. Mike Ferrell		

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) _____

37950

Assistant Mine 37004

Certificate No.

Mine Foreman-Mine Manager

3500008
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 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)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ 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 6-11-2009 Shift 3rd Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Walked Intake escapeway to Ellis punchout, from</u>		
2. <u>Shan Dickson 38010</u>	<u>Longwell Setup.</u>	
3. _____	_____	_____
4. _____	_____	_____
5. <u>Located SCSR cache's along way.</u>		
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Shannon Dickens</u>			11. _____		
2. <u>Mike Medley</u>			12. _____		
3. <u>Dakota Davis</u>			13. _____		
4. <u>Bobby Thomas</u>			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

[Signature]
Mine Foreman-Mine Manager

38060-02
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 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)

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

<i>Location</i>	<i>CFM</i>	<i>Location</i>	<i>CFM</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ 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 6-12-09 Shift Eve Area or Section L/W Set Up

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	Walked Primary walkway from setup face to Ellis punch out	
2.	Covered escapeway map	
3.	Made note of rescuer caches along escapeway	
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Kevin Medley			11.		
2. Grover Skeens			12.		
3. Tommy Estep			13.		
4. Gary Quarles			14.		
5. Rex Mullins			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) _____

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38810
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 6-13-08 1007 20 Section or Area Examined 6th Setup
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>Walked Primary Escapeway from setup 80BK to out side</u>	
2.	<u>Covered Escapeway Map</u>	
3.	<u>went over SCSR Transfer with ALL men</u>	
4.	<u>went over fire fighting at Charger on setup</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Hogan Williams</u>			
<u>Delbert Barks</u>			
<u>Tr Telkin</u>			
<u>Joshua Stoct</u>			
<u>Kenny Madron</u>			
<u>K Stonley</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 [Signature] 7270 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 6-23-09 Shift 3rd Area or Section Lw Setup

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Walked primary escape way from Setup to outside U.B.B. Row 2: Locked over escape way map.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4 contain names: Shannon Dickens, Jeff Stanley, Keftan Cozart, Travis Nelson.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Sham Oak, 5800.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 7-14-09 20. Section or Area Examined Motherdrive Setup crew
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>traveled</u>	<u>Secondary escapeway - went over mine map - went over SCSR +</u>	
2. <u>transferred</u>	<u>- fire fighting scenario</u>	
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Matt Howerton</u>		<u>Cliffstover</u>	
<u>Charles Athey</u>		<u>Mike Kiblinger</u>	
<u>Josh Hodge</u>		<u>Mike Ferrell</u>	
<u>Marvin Perdue</u>		<u>John Gillenwater</u>	
<u>John Cox</u>			
<u>Jerry weeks</u>			
<u>Dennis Simms</u>			
<u>Justin Mourad</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 _____ Freshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6-2009 Shift 3rd Area or Section Larguall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	Had fire drill inby motherdrive. Hands on - fought fire put out - scenario	
2.	was we had a belt fire. Danned SCSR training units and transferred	
3.	SCSR training units. Traveled secondary escape way from motherdrive	
4.	outside.	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Keith Stanley			11.		
2. Jason Thomas			12.		
3. James Butcher			13.		
4. Chris Cook			14.		
5. Mike Medley			15.		
6. Shannon Dickens			16.		
7. Kelton Cazart			17.		
8. Ray Ara			18.		
9. Terry Dillan			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) _____

Donal K Stanley Assistant Mine 39218 Certificate No. [Signature] Mine Foreman-Mine Manager 31000 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 10-6-09 20. Section or Area Examined Fire drill

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.	Had a scenario of Fire in by Mother drive had	
2.	1 Man on Phone, 4 getting Rock dust & Fire Extinguishers	
3.	and started Fighting Fire 3 people getting Fire hose	
4.	went to Fire, started spraying water on Fire	
5.	Fire got out of control we retreated holding	
6.	life line out by encountered smoke donned SCSR	
7.	started out by holding life line till we got	
8.	to cash, showed how to switch SCSR's and	
9.	started out by again hooked to theater line	
10.		

Air Measurements

Location	CFM	Location	CFM
Marvin Perdue			
John Gillenwater			
Charles Athey			
Rodney Osborne			
Dennis Simms			
Mike Williams			
Jimmy Williams			
Billy Steele			

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 Marvin Perdue Certificate No. 37004
Preshift-Mine Examiner 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 10/2/09 Shift Day Area or Section A Crew L/W

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	We Had a Fire Drill in By Mother Drive Hands on with fire hose	
2.	Water was spray out of hose where rock dust was on section	
3.	And where fire ext was kept on section, Hands on with SCSR, And switch on	
4.	Hands on with life line and theater line And count for each man	
5.	Before leaving section	
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Charles Dauris			11.		
2. Luke Ford			12.		
3. Randy Guinn			13.		
4. Roger Scarbro			14.		
5. Terrence Adkins			15.		
6. Nick Mc Cuskey			16.		
7. Josh Stout			17.		
8. Chris Bell			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) _____

Jim Davis
Assistant Mine

38322
Certificate No.

Carl Cook
Mine Foreman-Mine Manager

82004
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10/6/09 20____ Section or Area Examined Fire Drill Longwall C Crew
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. Had a simulated fire Drill. Discussed each mans job. | |
| | 2. Hooked water hose up and advanced on fire scene with fog | |
| | 3. spray then changed to stream spray to fight fire. Backed | |
| | 4. away from fire scene with fog spray. We then discussed when | |
| | 5. and what to do when fire was out of control. We simulated | |
| | 6. starting to escape to surface. Donning SCSAs then followed | |
| | 7. lifeline to cache and put exchange SCSAs. We then followed | |
| | 8. secondary to surface. | |
| | 9. _____ | |
| | 10. _____ | |

Air Measurements

Location	CFM	Location	CFM
Kevin Medley		Harold Gillispie	
Steve Gration		Pacer Pettry	
Tommy Estep			
Mike Webb			
Kevin Brown			
Menny Woodrum			
Dave Shears			
Tracy Slentz			

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
Countersigned [Signature] Mine Manager—Mine Foreman 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 10-2-9 Shift EVE Area or Section Fire Drill Longwall Borew

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Had Fire Drill in by Mother drive	Hooked water hose up	discussed each mans duties
2. use of fire hose + fire extinguishers	went over	
3. Donning rescuers	followed life line to cache	
4. transferred rescuers	followed Secondary to surface	
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Rick Lane			11. -----		
2. Gary Quarles			12. -----		
3. Dustin Ross			13. -----		
4. Grover Skeens			14. -----		
5. Eddy Davis			15. -----		
6. Rex Mullins			16. -----		
7. Joel Price			17. -----		
8. Dewey Persinger			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 10-24-09 20. Section or Area Examined Fire drill w/ I & II
 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.	Held fire drill at mule train, hooked water hose up and discharged	
2.	Gathered rock dust & fire extinguishers. Discussed each persons duties	
3.	and assignments - Went over cleaning rescuers and sweeping of rescuers	
4.	Walked primary to Ellis punch out.	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Keith Stanley		Chad Neil	
Larry Brown		Greg Meadows	
Terry Dillon		Robert Hale	
Tracy Slentz		Jerry Martin	
Ray Ara			
Michael Madley			
Jeffrey Stanley			
Harold Gillispie			

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ 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 10-27-09 Shift Eve Area or Section Fire Drill C crew

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entry: 1. Meet at scsA sled at face went over fire drill duties + items in sled that would be used in escapeway procedures. Went over donning of scsA's and switching to another rescuer. Traveled escapeway to Ellis cut out.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists names: Kevin Medley, Lawrence Stephanson, Steve Gration, Tommy Estep, Mike Webb, Chad Brown, Dave Shears, Kenny Woodrum.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Empty rows for recording data.

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 10-30- 09 Section or Area Examined L/WALL Day-shift
 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.	Held fire drill at Mule Train Area outby, showed men	
2.	while walking Primary Escapeway how to get to	
3.	Secondary Escapeway. Took waterline at beltline hooked up	
4.	to another waterline & run water to Belt to simulate fire.	
5.	Walked crew from LOB H/Wall to Ellis punch out. Showed	
6.	crew where to find Rockclut & Fire extinguisher.	
7.	Assigned fire fighting jobs	
8.		NO lilly boots
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Harold Lilly - Foreman			
Charles Athey			
Daniel Patterson			
John Gillenwater			
Jeremy Bryant			
Jim Plumley			
Dennis Sims			

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 Harold Lilly Preshift-Mine Examiner Certificate No. 28045 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 10-30-9 Shift Day Area or Section L/W B Crew

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Hldd Fire drill at tail piece went over use of rock dust		
2. + fire ext hooking water hose up + assignments of crew		
3. walked primary from L/W to Ellis punchout located		
4. storage areas for SCSR's		
5. -----		
6. -----		
7. -----		
8. -----		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Rick Lane			11. -----		
2. Dewey Persinger			12. -----		
3. Red Mullins			13. -----		
4. Delbert Baily			14. -----		
5. Joel Price			15. -----		
6. Gary Quarrels			16. -----		
7. Chris Bell			17. -----		
8. Michael Medley			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) -----

Richard Lane Assistant Mine Foreman-Mine Manager
10712 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-31 2009 Section or Area Examined 4w Afternoon
 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. Held fire drill on	4w Face went over fire	Extinguishers
2. and fire taps and	the duties of each man	in case of fire
3. then walked primary	Escapeway from 4w to	Ellis punch out
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Lawrence Stephenson	_____	_____	_____
Josh Stait	_____	_____	_____
Travis Nelson	_____	_____	_____
Terrance Orsini	_____	_____	_____
Pac Pitney	_____	_____	_____
Roger Scardina	_____	_____	_____
Luke Ford	_____	_____	_____
Randy Goshorn	_____	_____	_____

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] Preshift-Mine Examiner Certificate No. 39117
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-25-10 Shift Eve Area or Section Longwall C-Crew

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entry 1: Held fire drill went over fire fighting duties. Used scenario of explosive gas inundation & traveled secondary escapeway to LBB Portal from Longwall. Pointed out Refuge Chambers and SCSR caches along escapeway.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Lists names: Kevin Medley, Tommy Estep, Dustin Ross, Dave Shears, Kenny Woodrum, Mike Webb, Kevin Brown, Dakota Davis.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 empty rows for data entry.

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)

Kevin W. Medley 38810 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant