

5-18-10-19
dw

Move Book

PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance Coal Started 4-14-09

Mine UBB

SECTION Longwall set-up Motherdrive work area

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.

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 4-14-09 2009 Section or Area Examined Outside to Mouth of Longwall
Time of Examination: from 8:30 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Marvin Paduca Time 9:00 A.M. P.M.
Report received by Michael A Fenell 37942
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

1. <u>track is clear from outside to Mouth of Longwall</u>	<u>Reported</u>
2. -----	-----
3. -----	-----
4. -----	-----
5. -----	-----
6. -----	-----
7. -----	-----
8. -----	-----
9. -----	-----
10. -----	-----

Air Measurements

Location

CFM

Location

CFM

-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: track & travelways 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 Marvin Paduca Certificate No. 37942
Preshift-Mine Examiner Assistant Foreman
Countersigned Michael A Fenell Certificate No. 37942
Mine Manager—Mine Foreman Assistant Foreman
Assistant Foreman

Marvin Paduca 37004

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 5-13-09 2009 Section or Area Examined outside to 115 break
Time of Examination: from 8:21 a.m. or p.m. to _____ a.m. or p.m.
Was this report phoned to outside: Yes no _____
By whom Hogan Williams Time 8:21 A.M. _____ P.M.
Report received by Michael A. Fenell 37942
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. track	is clear from outside to 115 break	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Location	CFM	Air Measurements	Location	CFM

Remarks: track & travel ways in good condition at time of exam
0% CH₄ 0% CO 20.802 was detected at time of exam

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

Signed By [Signature] 37900 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
Countersigned [Signature] Mine Manager—Mine Foreman _____
Assistant Foreman _____
Michael A. Fenell 37942 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 6/17 2009 Section or Area Examined Outside To Setup
Time of Examination: from 6:20 a.m. or p.m. to 7:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T. E. Stup Time 7:40 A.M. P.M.
Report received by J. H. Rulis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Track from outside To Setup face	clear	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements		Air Measurements	
Location	CFM	Location	CFM

Remarks: Track & Travelway clear at time of exam
0.90 CH4 0.90 CO 20.89% O2 detected at time 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 Leah Stup Preshift Mine Examiner Certificate No. 35881
Countersigned John Galt Mine Manager—Mine Foreman Assistant Foreman Certificate No. 28045
W. D. Lully 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 6-21- 2009 Section or Area Examined Outside to set up

Time of Examination: from 11:30 a.m. or am to 1:15 a.m. or p.m.

Was this report phoned to outside: Yes no Time 1:20 A.M. P.M.

By whom George Curry Report received by Dud Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

1. Track from outside to Hwall set up none found Reports

2. Moving L/wall shearer from outside to Hwall
3. set up toward #1 section.

Air Measurements

Location CFM Location CFM

Remarks: Track, travelways, power center - no violations found at time of Exam. 10% ch₄, 20.8% O₂, No CO found 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 Certificate No. 27479 Assistant Foreman
Countersigned Dud Lilly Mine Manager - Mine Foreman Dud Lilly Assistant Foreman 28045 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 8-2-58 Shift 1st Area or Section 82-10-9

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 20 rows of reporting space.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of reporting space.

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

BIBk

Date of Examination 6-21-09 20 Section or Area Examined set up spur to outside
 Time of Examination: from 5:10 a.m. or p.m. to 6:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
----------	----------------------------------	--------------

1. BIBk, Set up spur on L/wall to outside,
2. None found Repts
3. Checked all switches & looked for broke rails - Ok.
4.
5.
6.
7.
8.
9.
10.

Air Measurements

Location	CFM	Location	CFM
----------	-----	----------	-----

Remarks: 10% O₂, 20.8% O₂, 0% NO CO found in track entry 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 W.D. Lilly Certificate No. 28045
 Preshift-Mine Examiner Assistant Foreman
 Countersigned John Lamb Certificate No. 35424
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 6-26- 2009 Section or Area Examined B1 Blk. Longwall
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m. set up to outside
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>B1 Blk. L/wall set up</u>	<u> </u>	<u> </u>
2. <u>to outside</u>	<u>none found</u>	<u>None</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>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 10% ch₄, 20.2% O₂ = NO CO found 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. 28095
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33060-08
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: _____ 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 6-27-09 20 Section or Area Examined out side to 81 Bk
Time of Examination: from 8:00 a.m. or p.m. to 9:12 a.m. or p.m. only w setup # one section
Was this report phoned to outside: Yes no
By whom Delbert Bailey Time A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. out side to 81 Bk	none observed	none
2. L/w Set UP		
3. left out side at 9:15 ^{AM} got to section 12:10 ^{PM}		
4. out Side AT 2:40 PM		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: 2°CHK 20:18 02 NO CO found 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. 327-46
Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant Certificate No. 2807

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 6-27-09 Shift DAY Area or Section From 81 BRK TO OUT SIDE

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	check all switches and look for brake gas!	
2.	From 81 BRK on none section to out side	
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	81 BRK TO OUT SIDE	12:40 TO 2:20 PM	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) 0

[Signature]
Assistant Mine

32910
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32910
[Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 6-27-09 Section or Area Examined L/wall Track
Time of Examination: from 10:00 a.m. or p.m. to 10:58 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 81 BK L/wall set-up and track switches.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Intended for recording air measurement data.

Remarks: 10% chf, 20.8% CO2 No CO found 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 Ned Lilly Preshift-Mine Examiner Certificate No. 28045
Countersigned Mine Manager-Mine Foreman Certificate No. 3260
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 12-22-31 Shift 1st Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for violations.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 20 rows for recording methane levels in working places.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows for recording methane levels in return aircourses.

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 6-28-09 Section or Area Examined Outside to Set-up
Time of Examination: from 10 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon Dickens Time A.M. 11:30 P.M.
Report received by Larry Adams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. outside to 81brk	None Found	
2. set-up		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: checked for brake cable & checked switches
None Found

0% CH4, .0ppm CO, 20.8% O2

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. 57010
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3260 28
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 6-29-09 Shift 2nd Area or Section Slope -> Outside

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 6-29 2007 Section or Area Examined Setup -> Outside
 Time of Examination: from 3:45 a.m. or p.m. to 4:30 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>Setup #81 track -> outside</u>	<u>None found</u>	
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: Checked switches and for broken rails.
None found
0% CH₄ 0% CO 20.9 O₂

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] 35010 Freshift-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 6-29 Shift DAY Area or Section h.w

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. From 7:30		
2. From out side To 81 BR		
3. From 7:30 To 1:30 Hauling In Crusher		
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 Foreman
3700 Certificate No.
[Signature] Mine Foreman-Mine Manager
390001 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 6-29-09 Section or Area Examined 81 Bk. L/wall set-up to outside
Time of Examination: from 2:30 a.m. or p.m. to 4:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brown et al 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. L/wall set up track from #81 Bk. to outside. none found. 2. Checked track & track switcher, all ok.

Air Measurements

Location

CFM

Location

CFM

Remarks: No CO, 20.8% O2 or 10% CH4 found 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] Freshet Mine Examiner Certificate No. 3700
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 7-3-09 Shift DAY Area or Section L.W. SETUP

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fire Bass TRACK from Glory Hole Back To Surface</u>		
2. <u>Tracks & Switch are OK No Brake Rail Time 1.30 To 2.30</u>		
3. <u>At Time of exam 0% CH4 0% CO 20.8% O2</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) _____

Jim Davis
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

31111
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 7-3-09 Section or Area Examined From out side To 81 BK # One section
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Delbert Bailey Time 9:22 A.M. P.M.
Report received by Michael A. Fumell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. L/well Set	None	None
2. From outside	}	}
3. To 81 BK on		
4. # One section		
5.		
6.		
7.		
8.		
9.		
10.		

Location	CFM	Air Measurements	Location	CFM

Remarks: No Co 0.9% CH4 20.8 02 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 Delbert Bailey Preshift-Mine Examiner Certificate No. 32746
Countersigned Michael A. Fumell Mine Manager - Mine Foreman Certificate No. 38322
Assistant Foreman

Michael A. Fumell 37942 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 1-30-10 2010 Section or Area Examined outside to S2 break on mainline
Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes _____ no
By whom Brought out Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Track from outside to S2 break on Mainline clear at time of exam</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM

Remarks: track, travelways, powercenters ok 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 [Signature] Preshift-Mine Examiner Certificate No. 37942
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 _____ 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 2-5-10 2010 Section or Area Examined Out side to 52 Brk Main line
Time of Examination: from 11:30 a.m. or p.m. to 12:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Mike Ferrally Time A.M. 12:05 P.M.
Report received by William J. Brub (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Truck from out side to 52 Brk M.L.	None Observed at time of exam	Reported
2. -----	-----	-----
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: Truck, Travelway's, Power center OK at time of exam
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. Ferrally Freshift-Mine Examiner Certificate No. 37942
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 _____ 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