

5-25-10-8

# PRESHIFT - ONSHIFT and DAILY REPORT

Sterley  
9-18-09  
FINISH

Company Performance Cont

Mine 153

SECTION #1

LOCATION Norway Raleigh NC  
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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-18-09 20. Section or Area Examined #1  
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kyle Anderson Time 5:34 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. <u>CHP</u>	<u>new OGS</u>	<u>my</u>
2. <u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u>new OGS</u>	<u>me</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>LOB</u>	<u>14,675</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: o CHP 20,802.000 detailed trailers  
? trailers ok at time of exam p.c. and  
charges ok.  
fresh air base & done 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 Kyle Anderson Certificate No. 33238  
 Freshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 36020  
 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 9/18 2009 Section or Area Examined Const. Area #1
Time of Examination: from 6:20 a.m. or p.m. to 7:12 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Deane Jones Time A.M. 3:50 P.M.
Report received by Carl Grummett (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for Work Area, Construction Area Clear, and 1-4 Entries with CH4 percentages and observations.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry LOB 16,720.

Remarks: CH4 0%, 20.8 O2, 0-CO detected at Time of Exam. Travelways, Track P.C. & Chargers Clear at Time of Exam. Surf skulls OK on skull chamber

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. 36525
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 184417A
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 9-18 2009 Section or Area Examined Const Area #1  
 Time of Examination: from 1110 a.m. or am. to 1131 a.m. or am.  
 Was this report phoned to outside: Yes  no   
 By whom Carl G. Time A.M. 1134  
 Report received by J. A. Beal  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>#1, 2, 3, 4</u>	<u>ch4 0%</u> <u>Now Observed</u>	<u>None</u>
2.			
3.	<u>See under Const.</u>		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

### Air Measurements

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>17700</u>		

Remarks: 0% ch4, 0% CO & 20.8% O2 detected at time of exam  
Tramways, Power Centre, + chargers clear at time of exam  
Air Chamber OK

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

Signed By Carl G. Preshift-Mine Examiner  
 Certificate No. 15447

Countersigned John G. Beal Mine Manager—Mine Foreman  
 Assistant Foreman Certificate No. 39758-08  
26176

Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-19-09 20. Section or Area Examined #1  
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Billy Graham Time 5:55 A.M. P.M.  
Report received by A. Coakley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>1, 2, 3, 4</u>	<u>0.02 CH<sub>4</sub></u>	<u>None obs</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,180</u>		

Remarks: PL, charges, Haulways, Roadways clear at time of exam  
20.82 O<sub>2</sub> 0.02 CH<sub>4</sub>  
Air chamber clear

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By William J. Graham Preshift Mine Examiner Certificate No. 38453-08  
Countersigned William J. Graham Mine Manager—Mine Foreman Assistant Foreman Certificate No. 3944000  
Assistant Foreman Superintendent or Assistant



Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-19-09 20 Section or Area Examined #1  
 Time of Examination: from 12:00 a.m. or P.M. to 12:25 a.m. or P.M.  
 Was this report phoned to outside: Yes  no  carried out  
 By whom A. Carlson Time 1:45 A.M. P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
<u>1, 2, 3, 4</u>	<u>None obs</u>	<u>none</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18, 101</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: PK, Haulways, Roadways, charges clear at time of exam  
20.8w 02 o. ds ch4  
Air chamber clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 3906008  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3906008  
 \_\_\_\_\_ 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 9-19 89 Section or Area Examined #1 Section  
 Time of Examination: from 8:30 a.m. or 0 p.m. to 11:30 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes - no -  
 By whom G. Curry Time 11:10 A.M. 0  
 Report received by John A. Buckner  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>None Observed</u>	<u>None</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17,970</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH<sub>4</sub>, 0% CO & 20.8% O<sub>2</sub> detected at two of exam

Travelways, Power Center & chargers clear at time of exam.

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

Signed By G. Curry Certificate No. 27429  
 Preshift-Mine Examiner  
 Countersigned John A. Buckner Assistant Foreman  
 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 9-20 2009 Section or Area Examined 1 Section  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>LoB</u>	<u>18460</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
tracks traveling per, chargers clear at time of exam

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

Signed By George Curry Preshift-Mine Examiner Certificate No. 27429  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 390000  
 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 9-20 2009 Section or Area Examined 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>No Power</u>		
2.			
3.	<u>No lights</u>	<u>Danger Bd at Mouth of Section</u>	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Location

Air Measurements  
CFM

Location

CFM

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0 CO

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 Mike Bailey Certificate No. 27085  
 Preshift-Mine Examiner Assistant Foreman  
 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 \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-20 2009 Section or Area Examined Section
Time of Examination: from 12:00 a.m. or p.m. to 8:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
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 contains handwritten text: Section 1441.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains handwritten text: Good Air Movement 19,730.

Remarks: 0% CH4 20.8% O2 0 CO

Track Trainers PC's Charges OK

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

Signed By Mike Bailey Preshift Mine Examiner Certificate No. 27085
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 394000
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 9-20 207 Section or Area Examined 1 sector  
 Time of Examination: from 1000 a.m. or p.m. to 090 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Steve Canale Time 1124 A.M. P.M.  
 Report received by Rylo Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>Section idle</u>		<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: electrical power center & chargers at Track 20.8  
OK

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 33138  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 33138  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-21-09 20 Section or Area Examined #1
Time of Examination: from 5:19 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time 5:45 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for location COB with CFM 18,380.

Remarks: Oct 20, 802 - 000 detected traces of ch at time of EX p.c. and chage ck
Steel in chamber ck

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 Kyle Anderson 33238 Assistant Foreman 56528
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) \_\_\_\_\_

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-21-09 20 Section or Area Examined #1  
 Time of Examination: from 2:00 a.m. or 2:00 p.m. to 2:00 a.m. or 2:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>CHYB</u>	<u>me obs</u>	<u>my</u>
2. <u>0</u>	<u>} }</u>	<u>7</u>
3. <u>0</u>	<u>} }</u>	<u>7</u>
4. <u>0</u>	<u>me obs</u>	<u>my</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>C03</u>	<u>22,370</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CHYB 20.802 - SCC detected - weekly  
- Wulfs ck at time of Exam p.c. any  
Chy ck.  
Intake prau ck  
Seals chub ck.

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] 36026 [Signature] 32670  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 330600  
 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 7. 21 20 7 Section or Area Examined 1 section  
Time of Examination: from 8:30 a.m. or p.m. to 9:30 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Carl Kyle to Dan Time 11:05 A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1830	None observed	Reported
2. "	" "	}
3. "	" "	
4. "	" "	
5. "	" "	
6. "		
7. "		
8. "		
9. "		
10. "		

Air Measurements

Location	CFM	Location	CFM
POB	18,200		

Remarks: Directly  
power center & chargers clean at time of exam  
Haulways  
fresh air base and intake phone OK  
20.8 O<sub>2</sub>, CO-0 ppm

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 Carl Kyle to Dan 1544-A Kyle to Dan 33238  
Fresht-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Mine Manager—Mine Foreman 3206000  
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 9-22-09 Section or Area Examined #1 and TOP END 72-127 BK
Time of Examination: from 8:03 a.m. or p.m. to 5:37 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time 5:45 A.M. P.M.
Report received by (Signed)

Table with 4 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-5.

Table with 4 columns: Location, CFM, Location, CFM. Under the heading 'Air Measurements'. Contains handwritten entry for COB with CFM 18.254.

Remarks: COCITY 20.8 or 20.00 detected in haulage & haulage OK at time of exam p.c. and chrys OK. Intake phone - OK Skelton Chander OK

This is to certify that: (a) This section of the mine was properly examined by me. (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kyle Anderson 33238 Certificate No. Assistant Foreman 30528 Certificate No.
Countersigned Mine Manager - Mine Foreman 3306022
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  
Violation or Hazardous Condition

Action taken

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-27-09 Section or Area Examined #1  
Time of Examination: from 12:00 a.m. or 3:00 p.m. to 3:00 a.m. or 3:00 p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CHY 20</u>	<u>me</u>
2. <u>2</u>	<u>me</u>	<u>me</u>
3. <u>3</u>	<u>me</u>	<u>me</u>
4. <u>4</u>	<u>me</u>	<u>me</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21.675</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CHY 20-802 CO detected  
measures 2 Hulsys OK at time of  
Exp pic, coal Chap OK  
(Section needs some a/c cleaning do to New Setup)  
Intake plant OK  
Stellar Chamber OK

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

Signed By John A. Bedford 2617A Lennie Whobler 32670  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned John A. Bedford 3900000  
Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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 9-22-79 Section or Area Examined 1 section
Time of Examination: from 8:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Ronnie Wickline Time A.M. 1105 P.M.
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: #1, none observed, Reported. Rows 2-4: #2, #3, #4, all with 'none observed' and 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: PoD, 21,310.

Remarks: 9 off HV power center, charges, Hardways fresh air base intake phone 20.8

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 Ronnie Wickline 32670 Preshift-Mine Examiner Certificate No.
Countersigned Kyle Anderson 33238 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 \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-23-09 20: Section or Area Examined #1  
Time of Examination from 7:00 a.m. or p.m. to 6:30 a.m. or p.m.  
Was this report prepared in outside? Yes  no   
By whom Ryle Anderson Time 5:45 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. <u>CH#10</u>	<u>none</u>	<u>OK</u>
2. <u>2</u>	<u>}</u>	<u>}</u>
3. <u>3</u>	<u>}</u>	<u>}</u>
4. <u>4</u>	<u>none</u>	<u>OK</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>21,210</u>		

Remarks: o.c.t.y 29.802 o.c.o detected Tuesday  
2 Hubs OK at time of EA P.C. any  
change OK

Shelter Chamber OK  
Intake Phere OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Ryle Anderson 33238 [Signature] 3652  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] 380610x  
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 1st Area or Section 10-55-3

### 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 \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-23-09 20 Section or Area Examined #1
Time of Examination: from 12:00 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. Handwritten entries include 'CHY', 'near O6', and 'no'.

Air Measurements

Location

CFM

Location

CFM

COB

21874

Remarks: O CHY 20.802.000 detected in lungs & Hurlers at time of Ex. P.C.I. and change ck.

Sheets Chamber ck
Intake near ck.

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] 36025 Preshift-Mine Examiner Certificate No. 3506022
Assistant Foreman [Signature] 32670 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 \_\_\_\_\_ 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 \_\_\_\_\_ 20\_\_\_\_ Section or Area Examined \_\_\_\_\_

Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.

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

By whom Ronnie Time 1105 P.M.

Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	o/b ch 1	none observed	Reported
2.	o/b ch 1	" "	
3.	o/b ch 4	" "	
4.	o/b ch 4	" "	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
o/b	21,780		

Remarks: o/b ch 4  
power center & charges  
handcups fresh air base, intake phone } at time of alarm

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 Ronnie Ellickson 32670 Preshift-Mine Examiner Certificate No. Kyle Anderson Assistant Foreman Certificate No. 39238  
Countersigned Chad Mine Manager—Mine Foreman Certificate No. 3906007  
Assistant Foreman

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

## Violations and other Hazardous Conditions Observed and Reported

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

## Examinations for Methane in Working Places

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

## Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24-09 20. Section or Area Examined #1
Time of Examination: from 8:00 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time 5:40 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB with CFM 21,800.

Remarks: 20.802, 000 detected under 2 Hurleys ok at time of exam per air chime ok (TOP End 72BK-122 ok, 20.802 000 detected) Shelter Chamber ok Intake phone ok

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Assistant Foreman Certificate No. 3002
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 of Assistant
----------------	-----------------	---------------------------	-----------------	-----------------------------

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24 2009 Section or Area Examined 1-Section  
Time of Examination: from 230 a.m. or (p.m.) to 300 a.m. or (p.m.)  
Was this report phoned to outside: Yes  no   
By whom D. Jones Time A.M 305 P.M.  
Report received by George Curry 27429 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% CH <sub>4</sub>	None observed	None
2.	#2 0% CH <sub>4</sub>	↓	↓
3.	#3 0% CH <sub>4</sub>		
4.	#4 0% CH <sub>4</sub>		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LGB	22678		

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> - Travelways - tracks, p.c.s!  
Chargers clear at time of exam. - life chamber OK  
Intake phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] Preshift Mine Examiner Certificate No. 3652  
Assistant Foreman [Signature] Certificate No. 32670  
Countersigned [Signature] Mine Manager - Mine Foreman  
Assistant Foreman [Signature] Superintendent or Assistant  
George Curry 27429

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 9-24 209 Section or Area Examined 1 Section  
 Time of Examination: from 6:00 a.m. or p.m. to 10:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Raymond Time 11:11 A.M. P.M.  
 Report received by Raymond (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>elect</u>	<u>none observed</u>	<u>Reported</u>
2.	<u>elect</u>	<u>" "</u>	
3.	<u>elect</u>	<u>" "</u>	
4.	<u>elect</u>	<u>" "</u>	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>POB</u>	<u>21.226</u>		

Remarks: elect  
power center, chargers, haulways, Fresh air Base and intake  
Phone clear at time of exam  
elect  
20.8

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 Raymond 32670 Preshift-Mine Examiner Certificate No. Raymond Assistant Foreman Certificate No. 33238

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 9-25-09 20. Section or Area Examined #1  
Time of Examination: from 5:33 a.m. or p.m. to 5:51 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Kyle Anderson Time 5:45 A.M. P.M.  
Report received by A. Carlson  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>4234</u>	<u>None obs</u>	<u>None</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,710</u>		

Remarks: PC, Haulways Roadways Air Chamber clear at time of exam  
2083.02 air ch4

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 Kyle Anderson Certificate No. 33038  
Preshift-Mine Examiner Assistant Foreman Certificate No.  
Countersigned A. Carlson Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indefilble  
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 9-25 20 9 Section or Area Examined 1 section  
Time of Examination: from 10:00 a.m. or p.m. to 10:00 a.m. or p.m.  
Was this report phoned to outside: Yes  No   
By whom Kyle Anderson Ronnie Time A.M. 11:19 P.M.  
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	object 4	none observed	Reported
2.	object 7		
3.	object 4		
4.	object 4		
5.			
6.		Section idle	
7.			
8.	from 124 on old Section		
9.		object 20.8	
10.			

Air Measurements

Location	CFM	Location	CFM
Job	2,840		

Remarks: object 4 power center, charges haulways fresh air base intake phone clear at time of exam 20.8

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 Ronnie Wickham 32270 Certificate No. Kyle Anderson Assistant Foreman 33238 Certificate No.  
Countersigned Andrew Lab 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 7-26-09 Shift 3rd Area or Section FL

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1-4</u>	<u>MS</u>	<u>                    </u>
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.		<u>MS</u>	13.		
4.			14.		
5.		<u>MS</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]  
Assistant Mine

[Signature]  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-26 2001 Section or Area Examined 1 Section  
 Time of Examination: from 4 a.m. or p.m. to 5 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Dean J. J. [Signature] Time 5:20  P.M.  
 Report received by Jos. [Signature] 39199  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	*1 .05 CH <sub>4</sub>	NONE observed	NONE
2.	*2 .05 CH <sub>4</sub>	NONE observed	NONE
3.	*3 .05 CH <sub>4</sub>	NONE observed	NONE
4.	*4 .05 CH <sub>4</sub>	NONE observed	NONE
5.			
6.	From 124 break to longwall + 2 CH <sub>4</sub> KA Pumping Water 208		
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>806</u>	<u>22,071</u>		

Remarks: 0% CH<sub>4</sub> 0% CO, 20.8% O<sub>2</sub> Detected at exam

Shelter OK at exam

Intake Phone is not working

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. 36521  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 35238  
 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 9-26-09 20 Section or Area Examined #1  
Time of Examination: from 1:30 a.m. or 6 p.m. to 2:00 a.m. or 6 p.m.  
Was this report phoned to outside: Yes  no  carried out  
By whom A. Carlson Time 2:35 A.M. P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>1, 2, 3, 4</u>	<u>None obs</u>	<u>None</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20, 109</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: PC, Haulways, Roadways, Air Chamber, charger clear at time of exam  
20.8% O2 0.02 ch4

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] Freshift-Mine Examiner Certificate No. 31111  
[Signature] Assistant Foreman Certificate No. 2670  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

## Violations and other Hazardous Conditions Observed and Reported

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 9-29-09 20. Section or Area Examined #1
Time of Examination: from 8:45 a.m. or p.m. to 9:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Ronnie Wick Line Time A.M. 11:05 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: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Location: 1, 2, 3, 4. Violation: NONE OBS. Action: NONE.

Air Measurements

Location CFM Location CFM

10 B 21555

Remarks:

P.C. Airways, fraulways changed clean
time of exam CO 0% CH 4% 20.8
shelton chamber - OK
intake phone - OK.

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

Signed By Ronnie Wicklin 32020 Assistant Foreman Certificate No.
Countersigned [Signature] 330600 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 9-27 209 Section or Area Examined 1 Sector  
 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 Mike Bailey Time 11:10 A.M.  P.M.   
 Report received by Rylee Anderson (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 #</u>	<u>none observed</u>	<u>Reported</u>
2. <u>2 #</u>	<u>✓</u>	}
3. <u>3 #</u>	<u>✓</u>	
4. <u>4 #</u>	<u>✓</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>POB</u>	<u>16,927</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 56 CHY  
power center, chargers, haulways, freedom's base  
intake phone clear at time of exam  
20.8

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 Mike Bailey Preshift-Mine Examiner Certificate No. 27085  
 Countersigned Rylee Anderson Mine Manager—Mine Foreman Certificate No. 390000  
Rylee Anderson Assistant Foreman Certificate No. 3303  
 \_\_\_\_\_ 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 9-28-09 20. Section or Area Examined #1  
 Time of Examination: from 5:07 a.m. or p.m. to 5:27 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kyle Anderson Time 5:43 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.	<u>CHP</u>	<u>none obs</u>	<u>me</u>
2.	<u>P</u>	<u>3</u>	<u>3</u>
3.	<u>P</u>		
4.	<u>P</u>	<u>none obs</u>	<u>me</u>
5.			
6.	<u>24- Longwall pass</u>	<u>none obs</u> <u>oaky</u> <u>20802</u> <u>oco</u>	<u>me</u>
7.			
8.			
9.			
10.			

### Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>21680</u>		

Remarks: oaky 20802 oco detuned

Intake phone OK  
Shelk Chamber OK

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

Signed By Kyle Anderson Certificate No. 33238  
 Freshift-Mine Examiner Assistant Foreman Certificate No. 3652  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-09 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-4.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-7.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-3.

Number of Bolts Tested 14 Below Range 0

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

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

Handwritten remarks: 2.3 weeks past # 6 at 9:05 AM

Signatures and titles: 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 9-28-09 Section or Area Examined #1  
 Time of Examination: from 1:00 a.m. or 2:30 p.m. to 2:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom CARRY OUT Time AM P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CHY 2</u>	<u>new db</u>	<u>mf</u>
2. <u>D</u>	<u>part Boly</u>	<u>reflects</u>
3. <u>D</u>	<u>new db</u>	<u>mf</u>
4. <u>D</u>	<u>new db</u>	<u>mf</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>23,843</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CHY 20,802 code defunct trailers  
3 trailers ok at time of exam pci any  
charges ok.  
skullts chubler ok  
Intake phre NOT working

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. 36525  
 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35111  
Rock Hattchens Assistant Foreman Certificate No. 37569  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-09 Shift EV Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>0.3 CH<sub>4</sub> part Bolted</u>	<u>Corrected</u>
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:20</u>	<u>0.9% CH<sub>4</sub></u>	11.		
2. <u>1-4</u>	<u>7:00-7:23</u>	<u>0%</u>	12.		
3. <u>1-4</u>	<u>9:00-9:25</u>	<u>0%</u>	13.		
4. <u>1-4</u>	<u>11:00-11:24</u>	<u>0.9% CH<sub>4</sub></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. <u>Return</u>	<u>5:22pm</u>	<u>0.9% CH<sub>4</sub></u>	6.		
2. <u>Return</u>	<u>9:27pm</u>	<u>0.9% CH<sub>4</sub></u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 10  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #10-11 4:50pm RCP

Section Safe & Clear at Time of Exam  
Richard Hutchins 37569 Assistant Mine Certificate No.  
Ad. Cal Mine Foreman-Mine Manager Certificate No. 3501000  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-28 209 Section or Area Examined 1 section  
 Time of Examination: from 10:15 a.m. or p.m. to 10:45 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Rick Hutchens Time 11:03 P.M.  
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

1.	<u>o/b d/t</u>	<u>none observed</u>	<u>Reported</u>
2.	<u>o/b d/t</u>	<u>" "</u>	
3.	<u>o/b d/t</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
4.	<u>o/b d/t</u>	<u>none observed</u>	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location

CFM

Location

CFM

	<u>Lob</u>	<u>20840</u>	

Remarks: o/b d/t  
power center & changes haulways fresh air base intake phones  
clear at time of exam  
20.8

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 Rick Hutchens 37569 Certificate No. Rick Hutchens Assistant Foreman 33238 Certificate No.  
 Countersigned [Signature] Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-09 Shift 3rd

Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

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

no power section  
Idol

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

1479A  
Certificate No.

*[Signature]*  
Mine Foreman-Mine Manager

344000  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-29-09 20... Section or Area Examined #1  
Time of Examination: from 6:00 a.m. or p.m. 8:45 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Jason Thomas Time 5:24 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. <u>CHYP</u>	<u>nae o6s</u>	<u>ref</u>
2. <u>2</u>	<u>Scrap at</u>	<u>refute</u>
3. <u>3</u>	<u>nae o6s</u>	<u>me</u>
4. <u>7</u>	<u>nae o6s</u>	<u>me</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21835</u>		

Remarks: CHYP 20.802 OCS detected trailers  
2 Hiders OK at time of EXR PIC any  
Charges OK  
  
Steller Chamber OK  
Indeke phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A  
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 30025  
Assistant Foreman Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-99 Shift run Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-4.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-3.

Number of Bolts Tested 18 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) disused with #7

Signature lines for 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 9-29 09 Section or Area Examined #1  
Time of Examination: from 1:00 a.m. or p.m. to 2:30 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Dean Jones Time 2:30 P.M.  
Report received by Rick Hutchens

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>0% ch4</u>	<u>Scrap</u>	<u>Tagged Reported</u>
2. <u>2R, 3</u> <u>0% ch4</u>	<u>N/O</u>	<u>Reported</u>
3. <u>4</u> <u>0% ch4</u>	<u>p/B</u>	<u>Tagged Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,894</u>	_____	_____
<u>0% ch4</u>	_____	_____	_____
<u>20.80%</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: powercenter, R-ways, Chargers Haulage Clear  
Intake phone OK  
Air Chamber OK

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

Signed By [Signature] 36028 Assistant Foreman Certificate No. \_\_\_\_\_  
Countersigned [Signature] 37569 Mine Manager—Mine Foreman Certificate No. \_\_\_\_\_  
Rick Hutchens Assistant Foreman  
\_\_\_\_\_  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-09 Shift EVE Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.		0% CH <sub>4</sub> Scrap Cut	Corrected
2.		0% CH <sub>4</sub> PART Bolted	Corrected
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	4:00-4:20	0% CH <sub>4</sub>	11.			
2.	1-4	6:00-6:25	0%	12.			
3.	1-4	8:00-8:23	0%	13.			
4.	1-4	10:00-10:30	0% CH <sub>4</sub>	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

0% CH<sub>4</sub>  
20.8°

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	4:23 pm	0% CH <sub>4</sub>	6.			
2.	Return	8:25 pm	0% CH <sub>4</sub>	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 10  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #934 5pm RCP  
Section Safe + Clear at Time of Exam

Rick Hutchins 37569 Assistant Mine Certificate No.  
[Signature] Mine Foreman-Mine Manager  
[Signature] 39000 Superintendent or Assistant Certificate No.

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-29 209 Section or Area Examined 1 Section  
 Time of Examination: from 10:15 a.m. or p.m. to 10:45 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Rick Hutchens Time 10:59 A.M. P.M.  
 Report received by Ryle Anderson  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>o/cct4</u>	<u>None Observed</u>	
2. <u>2 R o/cct4</u>	<u>Scrap Cut</u>	<u>Reflectus hung</u>
3. <u>3 o/cct4</u>	<u>None Observed</u>	
4. <u>4 o/cct4</u>	<u>None Observed</u>	
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>Pob</u>	<u>20340</u>		

Remarks:

o/cct4  
power center chargers Haulways ped air base  
and intake phone clear at time of exam  
208

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 Rick Hutchens 37569 Certificate No. Ryle Anderson 33238 Certificate No.  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29 Shift 3rd Area or Section of Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>o/cft</u>	<u>none observed</u>	
2.	<u>2R o/cft</u>	<u>Scrap Cat</u>	<u>Reflectors hung</u>
3.	<u>o/cft</u>	<u>none observed</u>	
4.	<u>o/cft</u>	<u>none observed</u>	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-4</u>	<u>130</u>	<u>200</u>	<u>o/cft</u>		
<u>1-4</u>	<u>500</u>	<u>600</u>	<u>o/cft</u>		
<u>o/cft</u>					
<u>20.8</u>					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Returns</u>	<u>210</u>	<u>o/cft</u>			
<u>Returns</u>	<u>605</u>	<u>o/cft</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) \_\_\_\_\_

[Signature]  
Assistant Mine

33238  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-30-09 20 Section or Area Examined #1
Time of Examination: from 5:00 a.m. or p.m. to 6:00 or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time 6:05 A.M. P.M.
Report received by Dean (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include items like 'Scrap cut', 'needs deep', '126 - Fouzwell pumps OK'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: COB 20,800

Remarks: OCITY 20,802, OCS detectors under 2 Helixes OK at time of EX P.C., and Chex OK

Stetter Chamber -> OK
In take Phone -> OK

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

Signed By Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3602
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-30-09 Shift PM Area or Section 101

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scraped</u>	<u>Declined 130/4</u>
2. <u>2</u>	<u>needs decl</u>	<u>decl</u>
3. <u>2nd</u>	<u>needs decl</u>	<u>decl</u>
4. <u>3</u>	<u>needs</u>	<u>mp</u>
5. <u>4</u>	<u>new obs</u>	<u>nil</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content %	Location	Time	Methane Content
1. <u>net</u>	<u>7:00</u>	<u>0</u>	6.		
2.			7.		
3. <u>net</u>	<u>11:00</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 18  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) discussed net # 702

Rep # 31 et 6156  
 Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Mine Foreman-Mine Manager [Signature] Certificate No. 36020  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-30 2009 Section or Area Examined # 1  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Dean Jones Time 2:30 PM  
 Report received by Rick Hutchens  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>0% CH<sub>4</sub></u>	<u>N/C/D</u>	<u>Reported</u>
2. <u>↓</u>	<u>N/O</u>	<u>Reported</u>
3. <u>2R</u>	<u>N/C/D</u>	<u>Reported</u>
4. <u>3</u>	<u>Scrap</u>	<u>Taged &amp; Reported</u>
5. <u>4</u>	<u>P/B</u>	<u>Taged &amp; Reported</u>
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,875</u>		
<u>0% CH<sub>4</sub></u>			
<u>20.80%</u>			

Remarks: powercenter, R-ways, Charges, Haulage Clear  
Intake phone OK  
Air Chambers OK

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

Signed By [Signature] Certificate No. 36525 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager - Mine Foreman \_\_\_\_\_  
Rick Hutchens Assistant Foreman Certificate No. 37569 Superintendent or Assistant \_\_\_\_\_



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-30-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	0 % CH4	Corrected
2. 2 RT	N/C/D	Corrected
3. 3	SCRAP CUT	Tagged Reported
4. 4	P/B	Corrected

7. Out-by C° were High Due To Blasting outside ELL's  
 8. punch-out, Got To Section 9:00pm, Waited Til C° were All Clear.

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	9:00-9:20pm	0 % CH4	11.		
2. 1-4	11:00-11:25pm	0 %	12.		
3. 1-4		%	13.		
4. 1-4		0 % CH4	14.		
5.			15.		
6.			16.		
7. 0 % CH4			17.		
8. 20.8 O2			18.		
9. 0 % C°			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	9:23pm	0 % CH4	6.		
2. Return		0 % CH4	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 0  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6, #16, 17 5:20pm RCP  
 Section Safe & Clear at Time of Exam

Rich Hutchins 37569 Assistant Mine Certificate No.  
 Mine Foreman-Mine Manager  
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-30 Section or Area Examined 1 section  
Time of Examination: from 10:15 a.m. or p.m. to 10:45 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Rick Hutchins Time 10:54 P.M.  
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. obdty	none observed	
2. obdty	none observed	
3. obdty	Scrap Cut	Reflector hung
4. obdty	None observed	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
POB	19680		

Remarks:

obdty  
power center & chargers haulways fresh air base intake  
phone 1 leave at time of exam  
20.8

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 Rick Hutchins 37569 Preshift-Mine Examiner  
Countersigned Kyle Anderson 35238 Mine Manager-Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-30 Shift 3rd

Area or Section 1 sect

Violations and other Hazardous Conditions Observed and Reported

Action taken

	Location	Violation or Hazardous Condition	Action taken
1.	06ct4	none observed	
2.	06ct4	none observed	
3.	06ct4	Scrap Cut	Reflector hung
4.	06ct4	none observed	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	195	158	06ct4	11.		
2.					12.		
3.					13.		
4.	1-4	515	545		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.	Return	206	06ct4	6.			
2.	Return	551	06ct4	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) \_\_\_\_\_

Kyle Anderson Assistant Mine 32238 Certificate No. Carl Mine Foreman-Mine Manager 31000 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-1 20 09 Section or Area Examined #1 section
Time of Examination: from 5:55 a.m. or p.m. to 5:55 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Kyle Anderson Time 5:53 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry, #2, #3R CC, #4 OCH4!, 20.802, 0 PPM c/o.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row includes LDB, 20,146, OCH4!, 20.802, 0 PPM c/o.

Remarks: Power Center - Chargers
Haulways - Fresh Air [Signature] OK at the of exam
Intake Phase
OCH4!, 20.802 0 PPM c/o

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] Freshshift-Mine Examiner Certificate No. 53238
Assistant Foreman [Signature] Certificate No. 1122-A
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 10-1-9 Shift Day Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#3R CC	0 CH <sub>4</sub> / 20.80% Scrap cut	Bolts + Reflectors
2.			
3.	#3 Entry	0 ppm c/o Wide Entry	set six sandjacks
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content	Location	Time	Methane Content
1.	1-4	8-8:30am	0 CH <sub>4</sub> / 20.80%			
2.	1-4	10-10:30am	0 ppm c/o			
3.						
4.	1-4	12-12:30pm	0			
5.						
6.	1-4	2-2:30pm	0			
7.						
8.						
9.						
10.						

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content	Location	Time	Methane Content
1.	Return	8:06am	0 CH <sub>4</sub> / 20.80%			
2.	Return	1:20pm	0 ppm c/o			
3.						
4.						
5.						

Number of Bolts Tested 7 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 3 sect. A of RCP at 7:50 AM. SCSR checks OK.

Ernie Long Assistant Mine 11224 Certificate No. [Signature] Mine Foreman-Mine Manager 32222 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-1-2009 Section or Area Examined #1
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Branda Bowling Time A.M. 2:30 P.M.
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1-4.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LOB and 20.8.

Remarks: powercenter, R-ways, Travelways, Haulage Changers, Clear Intake phone OK at Time of EXAM Air Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report. Signed By Branda Bowling 1122-A Certificate No. Assistant Foreman Countersigned Rick Hutchens 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-1-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include 'Wide Entry', 'Scrap Cut part Bolt', and 'Corrected'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content as 0% at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content as 0% in return air courses.

Number of Bolts Tested 10 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #19 3:50pm RCP

Section Safe & Clear at Time of Exam Rick Hutchens 37569 Assistant Mine Certificate No. [Signature] 37569 Mine Foreman-Mine Manager Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-1 Section or Area Examined 1 sector  
Time of Examination: from 10:15 a.m. or p.m. to 10:45 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Rick Hutchens Time 11:05 P.M.  
Report received by Ryle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CH<sub>4</sub>-0%</u> <u>none observed</u>	
2. <u>2L</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
3. <u>3 and 3R</u>	<u>none observed</u>	
4. <u>4</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
5.		
6. <u>#2 Intersection</u>	<u>Bolt missing</u>	<u>Reported</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20380</u>		

Remarks: about 4  
power center, changes hallways fresh air base and intake  
phone, clear at time of exam  
208

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 Rick Hutchens Certificate No. 37569  
Preshift-Mine Examiner  
Countersigned Ryle Anderson Certificate No. 33238  
Mine Manager—Mine Foreman Assistant Foreman  
Assistant Foreman Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-2-09 Section or Area Examined #1 Section  
Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.  
Was this report phoned to outside: Yes  No   
By whom Everett Hager Time 5:53 A.M. P.M.  
Report received by Brian Bow (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry	None Observed	Reported
2. #2L	Needs Cleaned	Reported
3. #2	Scrap cut	Reflectors
4. #3	None Observed	Reported
5. #4	Not Bolted	Reflectors
6. #4 Scoop Roadway	R-Rib Needs Cleaned	Reported
7. #2 Secondary Escapeway	Board - Debris - Tripping <sup>Hazard</sup>	Reported
8. Return Feeder line	Needs Cleaned - Dusted	Reported
9.	Reflectors Hung	
10. Intake life line walk way	Needs 1 Add Jack set	Marked - Reported

Air Measurements

Location	CFM	Location	CFM
LOB	26,091		
OCHY1			
20.802			

Remarks: Power Center - Chargers - Travelways - 1 Jack reported to be set.  
Outby shelter - Intake Phone - OK at time of exam.

OCHY1. 20.802 0 ppm c/p

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 E Hager Pre-shift-Mine Examiner Certificate No. 260K  
Countersigned Brian Bow Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1122-A

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 #1 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as '#2 CC OCH4%', 'Needs Cleaned', 'Cleaned + Dusted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries, mostly '1-4' and '0 CH4%'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of handwritten entries, mostly 'Return' and '0 CH4%'.

Number of Bolts Tested 12 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) Pg. 5 sect 19 RCP at 653 AM. Roof + Rib checks discussed.

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2 2009 Section or Area Examined #1

Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.

Was this report phoned to outside: Yes  No

By whom BRANDA, Bowling Time A.M. 2:40 P.M.

Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0% CH4	P/B	Taged Reported
2. ↓	N/ADD CLEAN	Taged Reported
3. ↓	N/O	Taged Reported
4. ↓	Scrap Cut	Taged Reported
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	24,500		
<del>LOB</del> 0% CH4			
20.8 O <sub>2</sub>			
0% CO			

Remarks: powercenter, R-ways, Haulage Chargers Clear at Time of Exam

Intake phone OK

Air Chamber OK

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

Signed By Brand Bowling 1122-A  
 Preshift-Mine Examiner Certificate No.

Countersigned Rick Hutchins 35000  
 Mine Manager - Mine Foreman Certificate No.

Rick Hutchins 37569  
 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 EVE Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u> <u>0% CH4</u>	<u>P/B</u>	<u>Corrected</u>
2. <u>2</u> <u>0% CH4</u>	<u>Needs Add Cleaning</u>	<u>Corrected</u>
3. <u>4</u> <u>0% CH4</u>	<u>Scrap Cut</u>	<u>Corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:25-4:45</u>	<u>0 % CH4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>6:30-6:50</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>8:25-9:00</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>11:00-11:25</u>	<u>0 % CH4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. <u>0% CH4</u>	_____	_____	16. _____	_____	_____
7. <u>20.80%</u>	_____	_____	17. _____	_____	_____
8. <u>0% CO</u>	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:15pm</u>	<u>0 % CH4</u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:20pm</u>	<u>0 % CH4</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #6, 7 4:55pm RCP.

Section Safe & Clean at Time of EXAM

Rick Hutchins  
Assistant Mine

37569  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2 209 Section or Area Examined 1 section  
 Time of Examination: from 6:15 a.m. or p.m. to 10:50 a.m. or p.m.  
 Was this report phoned to outside? Yes  No   
 By whom Rick Hutchins Time 11:03 A.M.  P.M.   
 Report received by Rick Hutchins (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>026CH9</u>	<u>None observed</u>	
2 <u>R</u>	<u>Scrap cut</u>	<u>Reflectors hung</u>
3 <u>3</u>	<u>Part Bolted</u>	<u>Reflectors hung</u>
4 <u>4</u>	<u>None Observed</u>	
5		
6		
7		
8		
9		
10		

## Air Measurements

Location	CFM	Location	CFM
<u>POB</u>	<u>20640</u>		

Remarks: 026 off 4  
power center charges haulway fresh air base intake phase  
close at time of exam  
2008

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 Rick Hutchins Certificate No. 37569  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 33238  
 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 Shift 3rd Area or Section 1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	86 ctfp	none observed	
2.	2R 86 ctfp	Scrap Cast	Reflector hung
3.	86 ctfp	Part bolted	# TT
4.	86 ctfp	none observed	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4 150	226	86 ctfp	11.			
2.				12.			
3.	1-4 510	538	86 ctfp	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.	Return	238	86 ctfp	6.			
2.				7.			
3.	Return	542	86 ctfp	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) \_\_\_\_\_

Kyle Anderson Assistant Mine  
33238 Certificate No.  
[Signature] Mine Foreman-Mine Manager  
300000 Certificate No.  
 Superintendent or Assistant

Use Indelible Pencil or Ink

FRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-3 Section or Area Examined #1 Section  
 Time of Examination: from 5:20 a.m. or p.m. to 5:38 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Kyle Anderson Time 5:50 A.M. P.M.  
 Report received by Blush Boy (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Entry	None Observed	Reported
2.	#2	Needs Cleaned + Dusted	Reported
3.	#2R	Not Bolted	Reflectors
4.	#3 OCH <sub>4</sub> !	None Observed	Reported
5.	#4 20.802 0 PPM c/o	None Observed	Reported
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	20,870		
OCH <sub>4</sub> !			
20.802			
0 PPM c/o			

Remarks: Power Center  
 Chargers  
 Outby Chamber  
 Intake Phone  
 Travelways  
 OCH<sub>4</sub> 20.802 0 PPM c/o

OK at time of exam.

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

Signed By Kyle Anderson 33238 Certificate No. Blush Boy 122-A Certificate No.  
 Countersigned Blush Boy Mine Manager—Mine Foreman Assistant Foreman  
 Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-9 Shift Day Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2 Entry	Needs cleaned + dusted	Cleaned + dusted
2. #2R CC OCH4!	Not bolted	Bolted + Reflectors
3. #2 Int 20.802	3 cut out Bolts	Spotted 3 Bolts
4.	OPRMC/O	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	7-730am	0 CH4!	11.		
2.			12.		
3. 1-4	9-930am	0	13.		
4.			14.		
5. 1-4	11-1130am	0	15.		
6.			16.		
7. 1-4	1-130pm	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	704am	0 CH4!	6.		
2.			7.		
3. Return	1102am	0	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 9  
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) Pg. 3 sect. B RCP at 6:48 AM.

Bruce Bay Assistant Mine 1122-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-3 2009 Section or Area Examined #1  
 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 BRAD Bowling Time A.M. 2:35 P.M.  
 Report received by Rick Hutchens  
 (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Entry	Location	Violation or Hazardous Condition	Action Taken
1	<u>0% CH4</u>	<u>N/O</u>	<u>Reported</u>
2	<u>2, 2R</u>	<u>N/C/D</u>	<u>Reported</u>
3	<u>3</u>	<u>Scrap</u>	<u>Tagged Reported</u>
4	<u>4</u>	<u>N/C/D</u>	<u>Reported</u>
5			
6			
7			
8			
9			
10			

## Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,050</u>		
<u>20.80%</u>			
<u>0% CH4</u>			
<u>0% CO</u>			

Remarks: powercenter, R-ways, Haulage, Chargers Clear  
AIR Chamber OK  
INTAKE phone OK

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

Signed By Brad Bowling Preshift-Mine Examiner Certificate No. 1102-A  
 Countersigned Rick Hutchens Mine Manager—Mine Foreman Certificate No. 550000  
Rick Hutchens Assistant Foreman Certificate No. 37569  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for locations 1, 2, 2R, 3, 4 and actions like 'Corrected'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for locations 1-4 and times like 4:15-4:40.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for 'Return' locations.

Number of Bolts Tested 10 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Page 5 # 4-5 3:50 pm Section Safe & Clear at Time of Exam

Rock Hutchins 37569 Assistant Mine Superintendent or Assistant Mine Foreman-Mine Manager

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 10-3 20   Section or Area Examined 1 section  
 Time of Examination: from 10:15 a.m. to 10:45 a.m. or p.m.  
 Was this report phoned to outside: Yes    no     
 By whom Sandy Time 11:22 P.M.  
 Report received by Ken Miller  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1	<u>0% CH<sub>4</sub> Part Batted</u>	<u>Rebatted</u>
2	<u>none observed</u>	<u>none</u>
3	<u>  </u>	<u>  </u>
4	<u>  </u>	<u>  </u>
5	<u>none observed</u>	<u>  </u>
6	<u>  </u>	<u>  </u>
7	<u>  </u>	<u>  </u>
8	<u>  </u>	<u>  </u>
9	<u>  </u>	<u>  </u>
10	<u>  </u>	<u>  </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,460</u>	<u>  </u>	<u>  </u>
<u>20.8% O<sub>2</sub></u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>0% CH<sub>4</sub></u>	<u>  </u>	<u>  </u>	<u>  </u>

Remarks: 0% CH<sub>4</sub> 0% CO 268202  
PC Charges out by Chunks Clear  
Intake Bone Clear

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

Signed By Rich Hatcher 37569 Assistant Foreman Certificate No.  
 Countersigned Ken Miller 15397A Mine Manager—Mine Foreman  
 Assistant Foreman Superintendent or Assistant

Use Indefilible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-4-09 Section or Area Examined #1 section  
Time of Examination: from 100 a.m. to 200 a.m.  
Was this report phoned to outside: Yes no  
By whom Deano Jones Time A.M. 250 P.M.  
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 Entry	None Observed	Reported
#2	None Observed	Reported
#2 RA + OCH4 20.802	Scrap Cut	Reflectors
#3R	Part Bolted	Reflectors
#4 O PPM c/o	None Observed	Reported
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	20,986		
OCH4 1			
20.802			
O PPM c/o			

Intake phone 33

Remarks: Power Center - Chargers - Gobby Shelter - Intake shelter - Travelways OK at time of exam.

OCH4 1. 20.802 O PPM c/o

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. 3906007  
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-4-09 Shift EVE Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2 RACC	Scrap cut	Bolted + Reflectors
2.	#3 R CC	Part Bolted	Bolted + Reflectors
3.	0 CH4! 20.80%		
4.	0 ppm c/o		
5.			
6.	#2	Wide Entry	Get 4 Jacks
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	4-430pm	0 CH4!	11.			
2.				12.			
3.	1-4	6-630pm	0	13.			
4.				14.			
5.	1-4	8-830pm	0	15.			
6.				16.			
7.	1-4	10-1040pm	0	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	403pm	0 CH4!	6.			
2.				7.			
3.	Return	801pm	0	8.			
4.				9.			
5.	Return	1005pm	0	10.			

Number of Bolts Tested 9  
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) Pg. 4 sect 15 RUP at 353 pm.

Blanch Boy Assistant Mine  
Certificate No. 1122-A

John Smith Mine Foreman-Mine Manager  
Certificate No. 39024

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-4-09 Section or Area Examined # 1 Section  
 Time of Examination: from 10:00 a.m. to 10:40 a.m. or 6:00 a.m.  
 Was this report phoned to outside: Yes no  
 By whom Brandon Brooks Time 10:35 P.M.  
 Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
# 1 0.0%ch <sub>4</sub>	scrap cut	Tagged
# 2 0.0%ch <sub>4</sub>	none observed	Ref
# 3 0.0%ch <sub>4</sub>	need cleaned & dusted	Ref
# 4 0.0%ch <sub>4</sub>	none observed	Ref
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	21,000		

Remarks: Power center - charges - travel ways - haulageways  
 Intake pump OK  
 Air chamber OK 20.8 oz  
 0.0%ch<sub>4</sub>  
 alleled time of shift

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 Brandon Brooks 1122-A Certificate No. Assistant Foreman Certificate No.  
 Countersigned Jackman 2106007 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*  
*Violation of Hazardous Condition*

*Location*

*Action taken*

- 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-4-2009 Section or Area Examined #2  
Time of Examination: from 10:30 a.m. to 11:00 a.m. or (p.m.)  
Was this report phoned to outside: Yes no  
By whom Greg Cole Time A.M. 11:15 P.M.  
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
0-4-0.0%ch	none observed	Report

Section  
in charge

Location	Air Measurements CFM	Location	CFM
LOB -	36000		

Remarks: Power center - track - travel ways -  
Intake phone OK  
A.F. chamber OK  
all clear time 20.802  
of p.m. 0.0%ch

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 Jack Martin Assistant Foreman Certificate No. 37793  
Countersigned \_\_\_\_\_ Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant