

8 GWM
5-25-2010

STARTED 10-13

Full 10-29-02

4 Section
5

PRE-SHIFT - ONSHIFT and DAILY REPORT

Company Performance
Mine UBO
SECTION 4th Sect.
LOCATION Alleg WV
Post Office County State

7

[Handwritten initials]

Re-order from
BJW Printing and
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PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-13 20 11 Section or Area Examined #14
 Time of Examination: from 7:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 6:00 P.M.
 Report received by S. Hannal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>C Huo% O2 20.8%</u>	<u>none observe</u>	
2.		<u>SCRAP</u>	<u>Reflector</u>
3.		<u>none observe</u>	
4.	<u>4, 5, 6 & 7</u>	<u>none observe</u>	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>21736</u>		
<u>RLOB</u>	<u>22700</u>		

Remarks: Power center and roadways clear at time of exam
C Huo% O2 20.8%

Outby shelter clear at time of exam

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

Signed By Randall Lafferty Certificate No. 38424
 Preshift-Mine Examiner
 Countersigned [Signature] Mine Manager Mine Foreman
 Assistant Foreman
 Assistant Foreman [Signature] Certificate No. 39058-08
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-13 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>Return</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Return</u>	<u>10:35</u>	<u>0</u>	9. _____	_____	_____
5. <u>Return</u>	<u>11:35</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 20
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 6 PART 24-26 ROOF
control plan with the CIA AT 6:30AM

[Signature] Assistant Mine Foreman
3905808 Certificate No.
[Signature] Mine Foreman-Mine Manager
3905808 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 10-13-09 20 Section or Area Examined #4 section
 Time of Examination: from 1 a.m. or PM to 2 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Steve Harcath Time 3 PM
 Report received by Brian Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>CH4 0%</u>	<u>Part Bolted</u>	<u>Reflectors</u>
2. <u>2</u> <u>"</u>	<u>N/O</u>	<u>none</u>
3. <u>3</u> <u>"</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
4. <u>4L</u> <u>"</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
5. <u>5</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflectors</u>
6. <u>6</u> <u>"</u>	<u>N/O</u>	<u>none</u>
7. <u>7</u> <u>"</u>	<u>N/O</u>	<u>none</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 Lt</u>	<u>20,335</u>	<u> </u>	<u> </u>
<u> Rt</u>	<u>22,280</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: 20.8% O2 0% CH4 0ppm CO at time of exam

Travelways, walkways, haulageways, passageways
and subway shelter clear at time of exam

Intake Phase OK At Exam Time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39058-08 Brian Collins 1543-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 39058-08
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

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

Date 10-13-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
2. <u>2</u>	<u>N/A</u>	<u>none</u>
3. <u>3</u>	<u>SCRAP cut</u>	<u>mined out</u>
4. <u>4L</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
5. <u>5</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
6. <u>6</u>	<u>N/A</u>	<u>none</u>
7. <u>7</u>	<u>N/A</u>	<u>none</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return Lt</u>	<u>6:30</u>	<u>0%</u>	6. _____	_____	_____
2. <u>" Rt</u>	<u>7:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>" Lt</u>	<u>10:16</u>	<u>0%</u>	9. _____	_____	_____
5. <u>" Rt</u>	<u>10:39</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 22
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 2 of RCP with
draw at end of TR at Start of Shift

Brian Collins Assistant Mine Foreman 1543-A Certificate No. Chris Lee Mine Foreman-Mine Manager 3301000 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-13-09 20 44 Section or Area Examined 44 Section
 Time of Examination from 10:00 a.m. or 10:05 a.m. or PM
 Was this report placed to outside? Yes no
 By whom Baron Collins Time 10:55 A.M. PM
 Report received by John Jones (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
#1	OK	None observed	None
#2	OK	Scrap cut	Reflected
#3	OK	None observed	None
#4	OK	Needs cleaned: dusted	Reported
#5	OK	" "	" "
#6	OK	None observed	None
#7	OK	" "	" "
#8			
#9			
#10			

Air Measurements

Location	CFM	Location	CFM
L. L.O.S.	20,116		
R. L.O.S.	21,970		

Remarks: OK CH4, 0 ppm CO, 20.8% O2 detected at time of exam
Track, Trackways, power cables, chargers, outby shelters, Intake phone at the of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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: Baron Collins Certificate No. 1543-A
 Preshift-Mine Examiner Assistant Foreman
 Countersigned: John Jones Certificate No. 3500000
 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 10-14-09 Shift 3rd Area or Section 4/sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
2. <u>2</u>	<u>Needs Cleaned & Dusted</u>	<u>Rep.</u>
3. <u>3</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
4. <u>4, 5, 6, 7</u>	<u>None Observed</u>	<u>Rep.</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-140am</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>300-345am</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>500-545am</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>100am</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>140am</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>500am</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>545am</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber, + Power Center Clear AT Time of Exam

Randall Lafferty
Assistant Mine Foreman

38424
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3800002
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-14 20 Section or Area Examined #4
 Time of Examination: from 5:00 (a.m.) or p.m. to 5:40 (a.m.) or p.m.
 Was this report phoned to outside: Yes no
 By whom R. LaFerty 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, 3</u>	<u>needs add'l clean</u>	<u>Ref</u>
2.	<u>2L</u>	<u>needs cleaned & dusted</u>	<u>Ref</u>
3.	<u>4, 5, 6, 7</u>	<u>none observe</u>	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>18,240</u>		
<u>R LOB</u>	<u>19,100</u>		

Remarks: Power center and Roadways clear at time of exam
CH₄ 0% Or 20.8%

Out by 5 Heltter 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall LaFerty 38424 Assistant Foreman Certificate No.
 Countersigned 3506000 Mine Manager Mine Foreman Certificate No.
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-14 Shift Day Area or Section #11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>L3</u>	<u>weeds Adol' 1 clor</u>	<u>Rep</u>
2. <u>2L</u>	<u>weeds Chem Adol' 200</u>	<u>Rep</u>
3.		
4.		
5. <u>sect. Idle now</u>		
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>5:25 Cher</u>	<u>0</u>		6.		
2. <u>10:35 Rret</u>	<u>0</u>		7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety talk about work sect. At 6:30a with crew.

[Signature] Assistant Mine Foreman 3905808 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 10-14-09 20 Section or Area Examined #4 section
 Time of Examination: from 7 a.m. or PM to 2 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 255 A.M.
 Report received by Brian Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. <u> </u>		
3. <u>Construction AREA CH4 0%</u>	<u>None observed</u>	<u>None</u>
4. <u>Work Areas "</u>	<u>" "</u>	<u>" "</u>
5. <u>Roadways "</u>	<u>" "</u>	<u>" "</u>
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,180</u>		

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

timberings, walkways, work areas, benches, pavement
and entry shelter clean at time of exam

Intake Phone OK At Exam Time

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

Signed By Steve Harrah 39008-08 Brian Collins 1543-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Scott Harrah 39008 Scott Harrah 1658-A
Mine Manager Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-14-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LOB 21280</u>			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6. <u>0% CH4 0% CO 20.8/0.2</u>			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) Safety talk at end of track ON Hazards of moving section

[Signature] Assistant Mine Foreman 1658-A 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 12-14 20 Section or Area Examined 4 section
 Time of Examination: from 1012 a.m. or p.m. to 1045 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Scott Time 1102 A.M. P.M.
 Report received by Glen Ullman (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>21,280</u>		

Remarks: 0204 0300 20-8202

Travelways, walk ways clear work Area clear
Chargers clear
atby shelter and in take phone clear

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 1658-A
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 330600
 Assistant Foreman Certificate No. 33472
 Superintendent or Assistant: [Signature]

Glen Ullman 1539A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15-09 Shift 3rd Area or Section 4 sect.

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH4 0%</u>			11.		
2. <u>CO 0%</u>			12.		
3. <u>O2 20.8%</u>			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Power Center, + Outby Air Chamber Clear AT Time of Exam

Randall Lafferty
Assistant Mine Foreman

38424
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-15 20 20 Section or Area Examined #4
 Time of Examination: from 5:00 (A.M.) or p.m. to 5:40 (A.M.) or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 6:00 (A.M.) P.M.
 Report received by R. Hall
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21470</u>		

Remarks: Power center and Road ways close At the ORB
CH₄ 0% O₂ 20.8%
Outby shelter closed At time of exit

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

Signed By Randall Lafferty Certificate No. 38424
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 39058-08
 Mine Manager Mine Foreman
[Signature] Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15 Shift DAT Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Room</u>	<u>9:25</u>	<u>Ø</u>	6.		
2. <u>R Return</u>	<u>10:05</u>	<u>Ø</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) HAD SAFETY TALK ABOUT setting Head washing Roof drives #6 & 8 with air

[Signature]
Assistant Mine Foreman

39058
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 10-15-09 20 4 Section or Area Examined H Section
 Time of Examination: from 1:00 a.m. or (P.M.) to 2:00 a.m. or (P.M.)
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 2:45 (P.M.)
 Report received by Paul Foster
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>Section Idle</u>	<u>under construction</u>	
2.			
3.			
4.	<u>Roadways CH₄ 0%</u>	<u>none observed</u>	<u>None</u>
5.	<u>WORK AREAS 11</u>	<u>none observed</u>	<u>11</u>
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,390</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam
work areas, power centers, roadways and outby
shelter check at time of exam
Intake Phone OK At Exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 39058-08
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 1543-A
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15-09 Shift Even Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>10:00-10:00</u>	<u>0%</u>	11.			
2.	<u>LOB</u>	<u>20,690</u>		12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.	<u>ORH4</u>	<u>20.80²</u>	<u>ORH4</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>R Return</u>	<u>10:45</u>	<u>0%</u>	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) Setting belt lead belt talk on
Hazards of moving section at end of track

Scott Bandy
Assistant Mine Foreman

1658-1A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350600
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-15-07 20 Section or Area Examined #4 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 Scott Garrett Time 11:10 AM
 Report received by Scott Garrett
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>Section 101E</u>	<u>Section Under Const.</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>L.O.S.</u>	<u>20,690</u>		

Remarks: O₂ CH₄ O₂ ppm CO, 20.8% O₂ detected at time of exam
Track, Traveling, powerlines, chargers, intake phase, intake refuge ok at time exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1658-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 39011111
 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 10-16-09 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, & 3</u>	<u>Need Addl. Cleanig</u>	<u>Rep.</u>
2. <u>2L</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep</u>
3. <u>4, 5, 6, & 7</u>	<u>None Observed</u>	<u>Rep.</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530am</u>	<u>0.70</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>500am</u>	<u>0.70</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>530am</u>	<u>0.70</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways + Out by Air Chamber Clear At Time of Exam.

Randall Lafferty
Assistant Mine Foreman

38424
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10/16-09 20 Section or Area Examined 4 Section
 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 Randy Jeffery Time 6:00 A.M. P.M.
 Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 & #3, Dicks	needs additional cleaning	reported
2. #2 & left, Dicks	needs cleaned & dusted	reported
3. #4, #5, #6, & #7, Dicks	none observed	none
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left I.D. X cut	21,220		
right I.D. X cut	23,875		

Remarks: 20.8% O₂, Dicks, 0% CO, track, haulways, power cabs, scoop chaga, clear at time of exam
Fresh air lay 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randy Jeffery Certificate No. 38424
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Rick Foster Certificate No. 28781
 Mine Manager Mine Foreman Assistant Foreman
[Signature] Certificate No. 37058-08
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-16 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1-7</u>	<u>weeds Adol' / clean</u>	<u>corrected</u>
2.	<u>2-1</u>	<u>weeds clean side SW</u>	<u> </u>
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	<u>U beta</u>	<u>6:55</u>					
2.	<u>R beta</u>	<u>7:35</u>		7.			
3.				8.			
4.	<u>U beta</u>			9.			
5.	<u>R beta</u>			10.			

Number of Bolts Tested 12
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 6 PART 29-30
with crew At 6:30 Am

[Signature] Assistant Mine Foreman 3906808 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 10-16-09 20 Section or Area Examined #4
 Time of Examination: from 1 a.m. or PM to 2 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Steve Harrab Time 3:00 PM
 Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH4 0%</u>	<u>SCRAP CUT</u>	<u>Reflected</u>
2.	<u>"</u>	<u>N/A</u>	<u>none</u>
3.	<u>"</u>	<u>Part Bolted</u>	<u>Reflected</u>
4.	<u>"</u>	<u>N/A</u>	<u>none</u>
5.	<u>"</u>	<u>N/A</u>	<u>none</u>
6.	<u>"</u>	<u>N/A</u>	<u>none</u>
7.	<u>"</u>	<u>N/A</u>	<u>none</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB Lt</u>	<u>20,840</u>		
<u>Rt</u>	<u>22,900</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at TOE

tunnelways, walkways, haulageways, pulverizers and
outby shell & clam at TOE

Intake Phone OK AT Exam Time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39058-08 Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 39058-08
Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-16-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>SCRAP cut</u>	<u>mined cut</u>
2.	<u>2</u>	<u>N/A</u>	<u>none</u>
3.	<u>3</u>	<u>Part Bolted</u>	<u>halted to free men</u>
4.	<u>4</u>	<u>N/A</u>	<u>none</u>
5.	<u>5</u>	<u>N/A</u>	<u> </u>
6.	<u>6</u>	<u>N/A</u>	<u> </u>
7.	<u>7</u>	<u>N/A</u>	<u> </u>
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	<u>Return Lt</u>	<u>627</u>	<u>0%</u>				
2.	<u>Rt</u>	<u>700</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>Lt</u>	<u>1015</u>	<u>0%</u>	9.			
5.	<u>Rt</u>	<u>1042</u>	<u>0%</u>	10.			

Number of Bolts Tested 46
Number of Bolts Torqued Above Range 3 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 5 of RCP with crew at end of TK at start of shift

Bruce Collins Assistant Mine Foreman 1543-A Certificate No. [Signature] Mine Foreman-Mine Manager 350600 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-16-09 20 Section or Area Examined #4
 Time of Examination: from 10 a.m. or 6 p.m. to 1045 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 11 P.M.
 Report received by Joe Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>Obcky</u>	<u>Scrap</u>	<u>Reflected</u>
2. <u>2</u> <u>Obcky</u>	<u>None observed</u>	<u>None</u>
3. <u>3</u> <u>Obcky</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
4. <u>4R</u> <u>Obcky</u>	<u>Paint Bolted</u>	<u>Reflected</u>
5. <u>5</u> <u>Obcky</u>	<u>Needs add cleaning</u>	<u>Reported</u>
6. <u>6</u> <u>Obcky</u>	<u>None observed</u>	<u>None</u>
7. <u>7</u> <u>Obcky</u>	<u>None observed</u>	<u>None</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20,408</u>	_____	_____
	<u>Rt 22,610</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at etam

Chamber OK at etam
Intake Phase OK at etam
Track, Haulage way, Power center OK at etam

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

Signed By Brian Collins 1543-A Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Joe Stewart 3506000 _____
 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 10-17 2009 Section or Area Examined # 4
 Time of Examination: from 3 a.m. or p.m. to 6 (in) 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>1</u> <u>0% CH4</u>	<u>Scrap</u>	<u>Reflected</u>
2. <u>2</u>	<u>N/O</u>	<u>none</u>
3. <u>3</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
4. <u>4R</u>	<u>Part Bolted</u>	<u>Reflected</u>
5. <u>5</u>	<u>Need add Cleaning</u>	<u>Reported</u>
6. <u>6</u>	<u>N/O</u>	<u>none</u>
7. <u>7</u>	<u>N/O</u>	<u>none</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>21,480</u>	_____	_____
<u>LOB L</u>	<u>20,180</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 0% CO2, 20.8% O2 Detected at exam

Chamber OK at exam
Intake Phove OK at exam
Track, Trawlway OK at exam
PC, Chargers OK at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Jag Stavat Certificate No. 39199 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

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

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 Foreman _____ 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 10-17 2009 Section or Area Examined 4 section
 Time of Examination: from 1200 a.m. or pm to 300 a.m. or pm
 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>0% CH₄</u>	<u>SCRAP</u>	<u>Reported</u>
2.		<u>None observed</u>	<u>None</u>
3.		<u>Needs cleaned/dusted</u>	<u>Reported</u>
4.	<u>4R</u>	<u>part bolted</u>	<u>Reflected</u>
5.	<u>5</u>	<u>need add cleaning</u>	<u>Reported</u>
6.	<u>6</u>	<u>None observed</u>	<u>None</u>
7.	<u>7</u>	<u>None observed</u>	<u>None</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOR Right</u>	<u>20,650</u>		
<u>LOR Left</u>	<u>19,720</u>		

Remarks: 0% CH₄ - 0% CO - 20.8% O₂ - tracks, travelways, pc's
Chamber clear at time of rec
intake phone - OK
Chamber - OK

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

Signed By George Curry 27429 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____ Assistant Foreman _____
 _____ Superintendent or Assistant

Jacq Stewart 34199

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

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 Foreman

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 10-17-09 20 Section or Area Examined Y section
 Time of Examination: from 830 a.m. or PM to 1130 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Stewart Time 130 P.M.
 Report received by Danella (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>02 ch4</u>	<u>Scrap</u>	<u>Reflected</u>
2.	<u> </u>	<u>n/o</u>	<u>none</u>
3.	<u> </u>	<u>cleaned & dusted</u>	<u>Reported</u>
4.	<u>4R</u>	<u>Part Bolted</u>	<u>Reflected</u>
5.	<u>5</u>	<u>add cleaning</u>	<u>Reported</u>
6.	<u>6</u>	<u>n/o</u>	<u>none</u>
7.	<u>7</u>	<u>n/o</u>	<u>none</u>
8.	<u>IDLE</u>		
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB Right</u>	<u>20650</u>		
<u>LOB Left</u>	<u>19720</u>		

Remarks: 02 ch4 02 CO 2018202
PC, Chargers, Track Traveling Clear
Chamber Clear
Intake Bone Ch

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

Signed By Joe Stewart Certificate No. 39199 Assistant Foreman
 Countersigned Danella Mine Manager Mine Foreman Certificate No. 3912000
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

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 10-18 2009 Section or Area Examined #4
 Time of Examination: from 3 0 a.m. to 6 0 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>0% CH4</u>	<u>Scrap</u>	<u>Reflected</u>
2.		<u>N/O</u>	<u>none</u>
3.		<u>Needs Clean and Dusted</u>	<u>Reported</u>
4.		<u>Part Bolted</u>	<u>Reflected</u>
5.		<u>Need add Cleanings</u>	<u>Reported</u>
6.		<u>N/O</u>	<u>none</u>
7.		<u>N/O</u>	<u>none</u>
8.			
9.			
10.			

IDLE

Air Measurements

Location	CFM	Location	CFM
<u>LOB L</u>	<u>19,480</u>		
<u>R</u>	<u>21,610</u>		

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at etam
Chamber OK at etam
Phone OK at etam
Track, Tramway clear at etam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Jay Stewart 39199 _____
 Pre-shift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned _____ 3910000 _____
 Mine Manager Mine Foreman Assistant Foreman

 Superintendent or Assistant

J. Martin 31688

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

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 Foreman

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 10-18-09 20 4 Section Section or Area Examined
 Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 1 <u>1, Dicky</u>	<u>SCRAP</u>	<u>reflected</u>
2 <u>2 "</u>	<u>NONE</u>	<u>none</u>
3 <u>3 "</u>	<u>Need cleaned + dusted</u>	<u>reported</u>
4 <u>4R "</u>	<u>PART BOLTED</u>	<u>reflected</u>
5 <u>5 "</u>	<u>need Add. cleaning</u>	<u>reported</u>
6 <u>6 "</u>	<u>NONE</u>	<u>NONE</u>
7 <u>7 "</u>	<u>"</u>	<u>"</u>
8		
9		
10		

Section Idle

Air Measurements

Location	CFM	Location	CFM
<u>LOB Left</u>	<u>15,040</u>		
<u>LOB Right</u>	<u>17,689</u>		

Remarks: 0% CH4, 0% CO, 20.8 O2 AT EXAM
CHAMBER OK
INTAKE PHONE OK
TRACK TRAVEL WAY CLEAR AT EXAM

Joe Stewart 39199

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. Martin Certificate No. 31688
 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman 39199
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

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 10-18 2009 Section or Area Examined # 4
 Time of Examination: from 830 a.m. or (p.m.) to 1130 a.m. or (p.m.)
 Was this report phoned to outside: Yes no 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>D/loch</u>	<u>Scrap</u>	<u>reflected</u>
2. <u>2</u> <u>D/loch</u>	<u>N/O</u>	<u>NONE</u>
3. <u>3</u> <u>D/loch</u>	<u>Need clean and Dusted</u>	<u>Reported</u>
4. <u>4R</u> <u>D/loch</u>	<u>Pant Bolted</u>	<u>Reflected</u>
5. <u>5</u> <u>D/loch</u>	<u>Need add cleaning</u>	<u>Reported</u>
6. <u>6</u> <u>D/loch</u>	<u>N/O</u>	<u>NONE</u>
7. <u>7</u> <u>D/loch</u>	<u>N/O</u>	<u>NONE</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Section Idle

Air Measurements

Location	CFM	Location	CFM
<u>LOB L</u>	<u>14,280</u>	_____	_____
<u>LOB R</u>	<u>18,340</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂ Detected at exam
Chamber ok at exam
Phone ok at exam
Track, Trailing, clear at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Jay D. Stewart Certificate No. 39199 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____ Certificate No. _____
 Assistant Foreman _____
 Superintendent of Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-19-09 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>2</u>	<u>None Observed</u>	<u>Rep.</u>
3.	<u>3</u>	<u>None Observed</u>	<u>Rep.</u>
4.	<u>4L</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
5.	<u>5</u>	<u>None Observed</u>	<u>Rep.</u>
6.	<u>6</u>	<u>None Observed</u>	<u>Rep.</u>
7.	<u>7</u>	<u>None Observed</u>	<u>Rep.</u>
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>100-135am</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-7</u>	<u>300-330am</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7</u>	<u>500-535am</u>	<u>0%</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>LT Return</u>	<u>100am</u>	<u>0%</u>	6.			
2.	<u>RT Return</u>	<u>135am</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>LT Return</u>	<u>500am</u>	<u>0%</u>	9.			
5.	<u>RT Return</u>	<u>535am</u>	<u>0%</u>	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber Clear At Time of Exam

Ronald M. Jaffredo
Assistant Mine Foreman

38424
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 10-19-09 20 Section or Area Examined 4 Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:35 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Randy Zappala Time 5:45 A.M. P.M.
 Report received by Rick Foster
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry D/chy	none observed	none
2. #2 entry D/chy	" "	"
3. #3 entry D/chy	" "	"
4. #4 x left D/chy	needs additional cleaning	reported
5. #5 entry D/chy	none observed	none
6. #6 entry D/chy	" "	"
7. #7 entry D/chy	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left L.O.X. cut	21,850		
right L.O.X. cut	19,950		

Remarks: 20.8% O₂, 0% ch₄, 0% CO, track, trackings, power center, sign
 changes clear at time of exam.

Fresh air lay clear at time of exam.

A small amount of water has accumulated in the face of
 #7 entry

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

Signed By Randall Zappala 38424 Certificate No. Rick Foster 28732 Certificate No.
 Countersigned [Signature] Mine Manager Mine Foreman 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 10-19 Shift PM Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. <u>4</u>	<u>needs Add'l crew</u>	<u>corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>11:35</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 14
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 6 para 31, 32 & 34
roof control plan At 6:30 AM with crew.

[Signature] Assistant Mine Foreman Certificate No. 38008-08
[Signature] Mine Foreman-Mine Manager Certificate No. 28736

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19-09 20 URB 4 Section or Area Examined
 Time of Examination: from 1:00 a.m. or P.M. to 2:00 a.m. or P.M.
 Was this report phoned to outside: Yes no
 By whom Steve Murray Time 2:52 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2 CH4-0%</u>	<u>None observed</u>	<u>By King</u>
2. <u>3L</u>	<u>Scrap</u>	
3. <u>4, 5</u>	<u>None</u>	
4. <u>5R</u>	<u>Part Bolted</u>	
5. <u>6, 7</u>	<u>None observed</u>	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>20250</u>		
<u>R LOB</u>	<u>21680</u>		

Remarks: Shelter OK, power centers, chargers, Tronkacep
OK at rim of span
CO 0% O2 20.8%
Intake phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 39068-08
 Countersigned [Signature] Mine Manager Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 1543-A
[Signature] Superintendent or Assistant Certificate No. 37222

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-19-09 Shift Even Area or Section H4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1+2</u>	<u>N/O</u>	<u>none</u>
2.	<u>3L</u>	<u>SCRAP cut</u>	<u>mined cut</u>
3.	<u>4+5</u>	<u>N/O</u>	<u>none</u>
4.	<u>5R</u>	<u>Part Bolted</u>	<u>halted to fence</u>
5.	<u>6+7</u>	<u>N/O</u>	<u>none</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>LT</u>	<u>630</u>	<u>0%</u>	6.		
2.	<u>11</u>	<u>RT</u>	<u>700</u>	<u>0%</u>	7.		
3.					8.		
4.	<u>11</u>	<u>LT</u>	<u>1009</u>	<u>0%</u>	9.		
5.	<u>11</u>	<u>RT</u>	<u>1040</u>	<u>0%</u>	10.		

Number of Bolts Tested 40
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) Red page 4 part 7 of RCP with
draw at start of shift at end of th

Brian Collins Assistant Mine Foreman Certificate No. 1543-A
Rock Zote Mine Foreman-Mine Manager Certificate No. 1829
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19 209 Section or Area Examined 4 Sec.
 Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Harvey Brown Collier Time A.M. 10:50 P.M.
 Report received by W. Peterson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Hdgs O'CHY	w/o	Res.
2. 2	need clean + dusted	Reflector
3. 3L	SCRAP	
4. 4	need clean + dusted	
5. 5 RT	need odd. cleaning	Res.
6. 6	part bolted	Reflector
7. 7	w/o	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
WT.	20,592		
RT.	21,712		

Remarks: NOCHY def. O₂ 20.50% CO 0%
Power Center Clean
Tramways & Trach clean at time of exam.
Air Chamber clean

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Callins 1543-A Assistant Foreman
 Preshift-Mine Examiner Certificate No.
 Countersigned Rich Foster 28736 Certificate No.
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-20-09 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>2</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
3.	<u>3</u>	<u>Not Bolted</u>	<u>Rep.</u>
4.	<u>4</u>	<u>None Observed</u>	<u>Rep.</u>
5.	<u>5R+6</u>	<u>Need Addl. Cleaning</u>	<u>Rep.</u>
6.	<u>7</u>	<u>None Observed</u>	<u>Rep.</u>
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>100-130AM</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-7</u>	<u>300-335AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7</u>	<u>500-535AM</u>	<u>0%</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>LT Return</u>	<u>100AM</u>	<u>0%</u>	6.			
2.	<u>RT Return</u>	<u>130AM</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9.			
5.	<u>RT Return</u>	<u>535AM</u>	<u>0%</u>	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber Clear At time of Exam

Randall Lefferty Assistant Mine Foreman 35424 Certificate No. Rick Pala Mine Foreman-Mine Manager 28734 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20 20 Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:55 A.M. P.M.
 Report received by S. Hall
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1,4</u> <u>CH₄ 0% O₂ 20.8%</u>	<u>none obser</u>	
2.	<u>2</u>	<u>needs cleaned & dusted</u>	<u>Rep</u>
3.	<u>3</u>	<u>NOT Bolted</u>	<u>Rep</u>
4.	<u>DR 06</u>	<u>needs add 1" ^{clear} diameter</u>	<u>Rep</u>
5.	<u>#7</u>	<u>none obser</u>	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>20340</u>		
<u>R LOB</u>	<u>22743</u>		

Remarks: Power cavers And Road ways clear At time OF Exam
CH₄ 0% O₂ 20.8%

Outby Shelter clear At time OF Exam

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

Signed By Randall Lafferty
 Preshift-Mine Examiner
 Countersigned Rock Jester
 Mine Manager Mine Foreman
 Assistant Foreman

38424
 Certificate No.
28232

Assistant Foreman
 Certificate No.
3905808
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-20 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>2</u>	<u>needs cleaned/dusted</u>	<u>Corrected</u>
3. <u>3</u>	<u>NOT Bolted</u>	
4. <u>GRAB</u>	<u>needs add'l cleaning</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:55</u>	_____	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	_____	9. _____	_____	_____
5. <u>R Return</u>	<u>11:35</u>	_____	10. _____	_____	_____

Number of Bolts Tested 26
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 10 Roof control
PLAN with crew at 6:50am Part. 1-4

[Signature] Assistant Mine Foreman 39958-08 Certificate No. [Signature] Mine Foreman-Mine Manager 28236 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20-09 20 Section or Area Examined #4 section
 Time of Examination: from 1 a.m. or PM to 2 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Steve Hargrett Time 3 PM
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>CH₄ 0%</u>	<u>none</u>
2.	<u>2L</u>	<u>Part Bolted</u>	<u>Reflected</u>
3.	<u>3</u>	<u>Scrap cut</u>	<u>Reflected</u>
4.	<u>4</u>	<u>Part Bolted</u>	<u>Reflected</u>
5.	<u>5</u>	<u>N/A</u>	<u>none</u>
6.	<u>6R</u>	<u>Scrap cut</u>	<u>Reflected</u>
7.	<u>7</u>	<u>N/A</u>	<u>none</u>
8.			
9.			
10.	<u>#7</u>	<u>water in Face</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,350</u>		
<u>LT</u>	<u>21,280</u>		
<u>RT</u>			

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

tunnelways, walkways, haulageways, pneumatic and
cutting shells clear at time of exam

Intake Phone OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39058-08 Bruce Collins 1543-A
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28736
 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 10-20-09 Shift eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>n/a</u>	<u>none</u>
2. <u>2L</u>	<u>Part Belled</u>	<u>belled to face</u>
3. <u>3</u>	<u>SCRAP cut</u>	<u>mined cut</u>
4. <u>4</u>	<u>Part Belled</u>	<u>belled to face</u>
5. <u>5</u>	<u>n/a</u>	<u>none</u>
6. <u>6B</u>	<u>Scrap cut</u>	<u>mined cut</u>
7. <u>7</u>	<u>n/a</u>	<u>none</u>
8.		
9.		
10. <u>#7</u>	<u>water in face</u>	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return Lt</u>	<u>630</u>	<u>0%</u>	6.		
2. <u>" Rt</u>	<u>700</u>	<u>0%</u>	7.		
3.			8.		
4. <u>" Lt</u>	<u>1006</u>	<u>0%</u>	9.		
5. <u>" Ry</u>	<u>1037</u>	<u>0%</u>	10.		

Number of Bolts Tested 82
 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) find page 4 part 8 of RCP with
clear at end of 7th at start of shift

Brian Collins Assistant Mine Foreman 1543-A Certificate No. Bob Janta Mine Foreman-Mine Manager 2873L Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20-69 20 Section or Area Examined Y section
 Time of Examination: from 1000 a.m. or p.m. to 1045 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Collins Time 1049 A.M. P.M.
 Report received by Glenn Jensen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Obcky</u>	<u>scrap ut</u>	<u>Reflected</u>
2. <u>Obcky</u>	<u>Cleaned & Dusted</u>	<u>Reported</u>
3. <u>Obcky</u>	<u>none observed</u>	<u>none</u>
4. <u>4, 4R Obcky</u>	<u>none</u>	<u>none</u>
5. <u>Obcky</u>	<u>scrap ut</u>	<u>Reflected</u>
6. <u>Obcky</u>	<u>part Bolted</u>	<u>Reflected</u>
7. <u>Obcky</u>	<u>not Bolted</u>	<u>Reflected</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>20,109</u>		
<u>RT</u>	<u>21,365</u>		

Remarks: 0264 0200 208002
Travelways Track PC'S Chargers Clear
Out by, Chambers, Phones OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Glenn Jensen Certificate No. 1543-A Assistant Foreman Certificate No. _____
 Countersigned Rick Foster Mine Manager Mine Foreman Certificate No. 28736
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-21-09 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2</u>	<u>Not Bolted</u>	<u>Ref.</u>
3. <u>3</u>	<u>Need Add. Cleaning</u>	<u>Rep.</u>
4. <u>4R</u>	<u>Not Bolted</u>	<u>Ref.</u>
5. <u>5</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
6. <u>6R</u>	<u>Not Bolted</u>	<u>Ref.</u>
7. <u>7</u>	<u>Need Add. Cleaning</u>	<u>Rep.</u>
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-130AM</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>300-335AM</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>500-540AM</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100AM</u>	<u>0%</u>	6.		
2. <u>RT Return</u>	<u>135AM</u>	<u>0%</u>	7.		
3.			8.		
4. <u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9.		
5. <u>RT Return</u>	<u>540AM</u>	<u>0%</u>	10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber
Clear AT Time of Exam

Randell Jeffery
Assistant Mine Foreman

38424
Certificate No.

Mark [Signature]
Mine Foreman-Mine Manager

2878
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 20 ____ Section or Area Examined _____
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: _____

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

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

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

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		
9		
10		

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 Foreman

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 10-21 20 Section or Area Examined H4
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:00 A.M. P.M.
 Report received by S. Haral (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	CH4 0% O2 20.8%	None observed	
2.		NOT Bolted	Repl.
3.		Add'l cleaning	Repl
4.		NOT Bolted	Repl.
5.		needs cleaned + dusted	Repl
6.		NOT Bolted	Repl
7.		needs add'l cleaning	Repl
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L Return	21375		
R Return	20800		

Remarks: Power center and Roadways clear AT time of Exam
CH4 0% O2 20.8%

Out by shelter clear AT time of Exam

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

Signed By Randall Lafferty 38424 Certificate No. Assistant Foreman
 Countersigned Rick Tolin 28733 Certificate No. Mine Manager Mine Foreman
S. Haral 390808 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-21 Shift PM Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2</u>	<u>NOT Bolted</u>	<u>corrected</u>
2. <u>3</u>	<u>needs Add'l clean</u>	
3. <u>4R</u>	<u>NOT Bolted</u>	
4. <u>5</u>	<u>needs cleaning rods</u>	
5. <u>6L</u>	<u>NOT Bolted</u>	
6. <u>7</u>	<u>needs Add'l clean</u>	
7. <u>8</u>		
8. <u>9</u>		
9. <u>10</u>		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>R Retn</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>R Retn</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>U Retn</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>R Retn</u>	<u>11:35</u>	<u>0</u>	10.		

Number of Bolts Tested 12
 Number of Bolts Torqued Above Range 0 Below Range 0
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Pg. 12 PAMA 2-4 roof corner
Plan with crew at 6:00 AM

[Signature] Assistant Mine Foreman 39008-08 Certificate No. [Signature] Mine Foreman-Mine Manager 2822 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21-09 20 Section or Area Examined #4 section
 Time of Examination: from 1 a.m. or pm to 2 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Steve Hartzell Time A.M. 245 P.M.
 Report received by Brian Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>C14 0%</u>	<u>N/A</u>	<u>none</u>
2.	<u>11</u>	<u>N/A</u>	<u>none</u>
3.	<u>3B</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
4.	<u>11</u>	<u>N/A</u>	<u>none</u>
5.	<u>4R</u>	<u>water in Face</u>	<u>Reported</u>
6.	<u>5</u>	<u>Part Bolted</u>	<u>Reflectors</u>
7.	<u>11</u>	<u>N/A</u>	<u>none</u>
8.	<u>7</u>	<u>water in Face</u>	<u>Reported</u>
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lr</u>		
	<u>Rt</u>		
	<u>20,835</u>		
	<u>21,640</u>		

Remarks: 20.8% O₂ 0% CH₄ oppm⁰ at time of exam

travelways, walkways, haulways, passageways and
cutby shelter clear at time of exam

Intake Phone OK at Time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39058-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.
 Countersigned [Signature] 28732 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 10-21-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>n/a</u>	<u>none</u>
2. <u>2</u>	<u>n/a</u>	<u>none</u>
3. <u>3R</u>	<u>SCRAP cut</u>	<u>removed cut</u>
4. <u>4</u>	<u>n/a</u>	<u>none</u>
5. <u>4R</u>	<u>water in Face</u>	<u>Reported</u>
6. <u>5</u>	<u>Part Bolted</u>	<u>bolts to face</u>
7. <u>6</u>	<u>N/a</u>	<u>none</u>
8. <u>7</u>	<u>water in Face</u>	<u>Reported</u>
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return Lt</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. <u>" Rt</u>	<u>700</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>" Lt</u>	<u>1014</u>	<u>0%</u>	9. _____	_____	_____
5. <u>" Rt</u>	<u>1036</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 86
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 9 of RCP with
clear at start of shift at end of TR

Bruce Collins Assistant Mine Foreman 1543-A Certificate No. Rick Foster Mine Foreman-Mine Manager 28236 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21-07 20 Section or Area Examined #4 Section
 Time of Examination: from 10:00 a.m. or P.M. to 10:45 a.m. or P.M.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time A.M. 10:55
 Report received by Steve Gehr (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
#1	0%	Needs Add. cleaning	Reported
#2 Left	0%	Part bolted	Reflected
#3	0%	Scrap Cut	Reflected
#4	0%	WATER Possible but coming out of top	Reported
#4 Right	0%	" "	" "
#5 Right	0%	Not bolted	Reflected
#6	0%	Needs cleaned: Dusted	Reported
#7	0%	WATER (Passive)	Reported
#8			
#9			
#10			

Air Measurements

Location	CFM	Location	CFM
Left 1-0-3	20,800		
Right 1-0-3	21,316		

Remarks: 0% CH₄, 0 ppm CO, 20.8% O₂ detected at time of exam
Tracks, Travelways, powercables, chargers ok at time of exam
Section is in need of Additional cleaning

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

Signed By Brian Collins Certificate No. 1543-A
 Preshift-Mine Examiner
 Countersigned Steve Gehr Certificate No. 28736
 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 10-22-07 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
3. <u>3</u>	<u>None Observed</u>	<u>Rep.</u>
4. <u>4</u>	<u>Needs Add'l. Cleaning</u>	<u>Rep.</u>
5. <u>5R.</u>	<u>Not Bolted</u>	<u>Rep.</u>
6. <u>6</u>	<u>Needs Add'l. Cleaning</u>	<u>Rep.</u>
7. <u>7</u>	<u>None Observed</u>	<u>Rep.</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-135AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>300-336AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>500-540AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>135AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>500AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>540AM</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) TRACK, TRAVELWAYS, + Outby Air Chamber
Clear AT Time of Exam

Randall Jeffery 38424
 Assistant Mine Foreman 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 10-22 20 Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. Afferty Time 5:05 (A.M.) P.M.
 Report received by S. Hama (Signed)

Violations and other Hazardous Conditions Observed and Reported

No.	Location	Violation or Hazardous Condition	Action Taken
1.	1, 2	CH ₄ 0% O ₂ 20.8%	None Observed
2.	2	needs cleaner dust	Rel
3.	4	needs add'l cleaning	Rel
4.	5R	NOT ported	Rel
5.	6	needs add'l cleaning	Rel
6.	7	None observed	
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L L019	20410		
R L018	19070		

Remarks: Power center and roadways clear at time of exam
CH₄ 0% O₂ 20.8%
Section needs additional cleaning
Other chambers clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 <u>Randall Afferty</u>	Certificate No. <u>38424</u>	Assistant Foreman	Certificate No. <u>39058-08</u>
Countersigned <u>Beck J. Miller</u>	Assistant Foreman	<u>[Signature]</u>	Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-22 Shift Day Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2</u>	<u>walks down slope</u>	<u>corrected</u>
2. <u>4</u>	<u>needs hold' crew</u>	
3. <u>OK</u>	<u>not hold'</u>	
4. <u>6</u>	<u>needs hold' crew</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Rhetu</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>Rhetu</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Rhetu</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>Rhetu</u>	<u>11:35</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 24
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 10 Roof Control
at 6:50 AM with crew

[Signature] Assistant Mine Foreman 39008-08 Certificate No. Rick Foster Mine Foreman-Mine Manager 28230 Certificate No. _____ Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-22-09 20 Section or Area Examined A4 sections
 Time of Examination: from 1 a.m. or on to 2 a.m. or on
 Was this report phoned to outside: Yes no
 By whom Steve Hargrett Time 3 A.M. PM
 Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH4 0%</u>	<u>SCRAP cut</u>	<u>Reported</u>
2. <u> </u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
3. <u> </u>	<u>N/A</u>	<u>none</u>
4. <u> </u>	<u>N/A</u>	<u>none</u>
5. <u> </u>	<u>N/A</u>	<u>none</u>
6. <u> </u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
7. <u> </u>	<u>SCRAP cut</u>	<u>Reported</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT</u>		
	<u>22,130</u>		
	<u>RT</u>		
	<u>20,050</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

tunnels, walkways, haulage ways, power cables and
cutty shelter clear at time of exam

Intake Phone OK at Exam Time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 3008-08 Certificate No. 28736
 Preshift-Mine Examiner
 Countersigned [Signature] 1543-A Certificate No. 1658-A
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-22-09 Shift Even Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Scrap cut</u>	<u>Mined</u>
2. <u>2</u>	<u>needs cleaned & dusted</u>	<u>Cleaned & dusted</u>
3. <u>3</u>	<u>N/A</u>	
4. <u>4</u>	<u>N/A</u>	
5. <u>5</u>	<u>N/A</u>	
6. <u>6</u>	<u>needs cleaned & dusted</u>	<u>Cleaned & dusted</u>
7. <u>7</u>	<u>Scrap cut</u>	<u>Mine</u>
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>6:30-7:00</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>8:30-9:00</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>10:30-11:00</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>Return L</u>	<u>4:25</u>	<u>0%</u>	6.		
2. <u>11 R</u>	<u>5:05</u>	<u>0%</u>	7.		
3.			8.		
4. <u>11 L</u>	<u>8:25</u>	<u>0%</u>	9.		
5. <u>11 R</u>	<u>9:05</u>	<u>0%</u>	10.		

Number of Bolts Tested 16

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read pgs 4 paragraph #2 of Roof Control plan to entire crew at end of track

[Signature] Assistant Mine Foreman 1658-A Certificate No. [Signature] Mine Foreman-Mine Manager 29234 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22 207 Section or Area Examined 4 Section
 Time of Examination: from 1015 a.m. or 1045 p.m. to 1045 a.m. or 1045 p.m.
 Was this report phoned to outside: Yes no
 By whom Collins Time 1006 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>0% ch</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
2.	<u>0% ch</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
3.	<u>0% ch</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
4.	<u>0% ch</u>	<u>None observed</u>	
5.	<u>0% ch</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
6.	<u>0-7</u>	<u>None observed</u>	
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Fob L</u>	<u>21890</u>		
<u>R</u>	<u>20670</u>		

Remarks: 0% CH-1 0% CO
power centers charges haulways air base intake phone
Clear at time of exam
2081002

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1658-A Certificate No. [Signature] 33238 Certificate No.
 Countersigned [Signature] Mine Manager Mine Foreman [Signature] Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-23-09 Shift 3rd Area or Section 4 sect.

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1 & 2</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>3R</u>	<u>Scrap Cut</u>	<u>Ref.</u>
3.	<u>4</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
4.	<u>5</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
5.	<u>6R</u>	<u>Scrap Cut</u>	<u>Ref.</u>
6.	<u>7</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-135 AM</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>300-335 AM</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>500-535 AM</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6.		
2. <u>RT Return</u>	<u>135 AM</u>	<u>0%</u>	7.		
3.			8.		
4. <u>LT Return</u>	<u>500 AM</u>	<u>0%</u>	9.		
5. <u>RT Return</u>	<u>535 AM</u>	<u>0%</u>	10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber
Clear AT Time of Exam.

Randall Lafferty Assistant Mine Foreman 38424 Certificate No. Rush Foster Mine Foreman-Mine Manager 28784 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 Section or Area Examined 10-23 #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom R. Lafferty Time 6:05 (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.	1-2 CH40% O2 20.8%	none observed	Rep.
2.	3k	SCRAP	Rep
3.	4	Add'l cleaning needs cleaned & dusted	Rep
4.	5	SCRAP	Rep.
5.	6k	needs cleaned & dusted	Rep
6.	7		
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	17100		
R LOB	17080		

Remarks: Power central and roadways clear at time of exam
CH40% O2 20.8%

Outlets/Helter 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall Lafferty
 Preshift-Mine Examiner
 Countersigned Buck Taylor
 Mine Manager Mine Foreman
 Assistant Foreman

35424
 Certificate No.
28236

Assistant Foreman
 Certificate No. 28068-08
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-23 Shift Day Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>3k</u>	<u>Scrap</u>	<u>Corrected</u> <u>S/H</u>
2. <u>4</u>	<u>need add'l</u>	<u>S/H</u>
3. <u>5</u>	<u>needs cleaned & dusted</u>	<u>S/H</u>
4. <u>6k</u>	<u>Scrap</u>	<u>S/H</u>
5. <u>7</u>	<u>needs cleaned & dusted</u>	<u>S/H</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0 S/H</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0 S/H</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0 S/H</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:55</u>	<u>0 S/H</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	<u>0 S/H</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	<u>0 S/H</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>11:35</u>	<u>0 S/H</u>	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 paragraph 2 of roof control plan at 7:00 AM.

Donell Burch Assistant Mine Foreman Certificate No. _____

Paul Peter Mine Foreman-Mine Manager Certificate No. 28736

Superintendent or Assistant _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23-09 20 Section or Area Examined #4 section
 Time of Examination: from 130 a.m. or pm to 230 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom James Woods Time 315 P.M.
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>CH4 0%</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u> <u>"</u>	<u>N/A</u>	<u>none</u>
3. <u>3</u> <u>"</u>	<u>N/A</u>	<u>none</u>
4. <u>4B</u> <u>"</u>	<u>NOT Bolted</u>	<u>Reflected</u>
5. <u>5</u> <u>"</u>	<u>N/A</u>	<u>none</u>
6. <u>6</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflected</u>
7. <u>7</u> <u>"</u>	<u>SCRAP cut</u>	<u>Reflected</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u> <u>LT</u>	<u>20,260</u>	_____	_____
<u>RT</u>	<u>21,780</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam
tunnels, walkways, haulage ways, power cables and
outlet shelter checks at time of exam
I make phone ok at exam time

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

Signed By James Woods 37383 Certificate No.
 Preshift-Mine Examiner
 Countersigned Beck Taylor 28231 Certificate No.
 Mine Manager Mine Foreman
 Assistant Foreman
Bruce Collins 1543-A Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-23-09 Shift dwl Area or Section #4 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>4, 23</u>	<u>N/A</u>	<u>none</u>
2. <u>4R</u>	<u>not Bolted</u>	<u>bolted to face</u>
3. <u>5</u>	<u>N/A</u>	<u>none</u>
4. <u>6</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
5. <u>7</u>	<u>SCRAP cut</u>	<u>mined out</u>
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u> <u>LT</u>	<u>630</u>	<u>0%</u>	6.		
2. <u>"</u> <u>RT</u>	<u>700</u>	<u>0%</u>	7.		
3.			8.		
4. <u>11</u> <u>LT</u>	<u>1009</u>	<u>0%</u>	9.		
5. <u>11</u> <u>RT</u>	<u>1035</u>	<u>0%</u>	10.		

Number of Bolts Tested 80
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 9 of RCP with
chase at end of TK at start of shift.

Bruce Callis
Assistant Mine Foreman

1543-A
Certificate No.

Paul Foster
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 2009 Section or Area Examined #4 section
 Time of Examination: from 10:00 a.m. or (p.m.) to 10:45 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 11:10 P.M.
 Report received by May 26 1997 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1	Part Bolted	Reflectors
2. #2	SCAP	"
3. #3	None observed	none
4. #4	SCAP	Reflectors
5. #5 Right	Not Bolted	"
6. #6	None observed	none
7. #7	Needs cleaned and Drstet	Reported
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	2,089		
Left	2,117		
Right			

Remarks: 20.9 O₂ 0% CH₄ 0 PPM CO At Time of exam
Power center Road ways clear At Time of exam
out by shelter, Intake phone ok At Time of exam

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

Signed By Brian Collins 1543-A Certificate No. Assistant Foreman
 Countersigned Rich Foster 28736 Certificate No. Mine Foreman
 Assistant Foreman Superintendent or Assistant

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

Date 10-24-09 Shift 3rd Area or Section 4 Sec

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
2. <u>2</u>	<u>Needs Dusted</u>	<u>Rep.</u>
3. <u>3R</u>	<u>Not Bolted</u>	<u>Ref.</u>
4. <u>4</u>	<u>Not Bolted</u>	<u>Ref.</u>
5. <u>5R</u>	<u>None Observed</u>	<u>Rep.</u>
6. <u>6</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
7. <u>7</u>	<u>None Observed</u>	<u>Rep.</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-135 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>300-338 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>500-540 AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>135 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>500 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>540 AM</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber
Clear at Time of Exam

Randall Jaffet 35424 Assistant Mine Foreman Certificate No.
Rick Festa 28236 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 10-24-09 20 Section or Area Examined 7 section
 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 Randy Zafferty Time 5:50 A.M. P.M.
 Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry, D ^o ch ₄	needs cleaned & dusted	reported
2. #2. entry, D ^o ch ₄	needs dusted	reported
3. #3. right, D ^o ch ₄	not bolted	reported
4. #4. entry, D ^o ch ₄	not bolted	reported
5. #5. right, D ^o ch ₄	none observed	none
6. #6. entry, D ^o ch ₄	needs cleaned & dusted	reported
7. #7. entry, D ^o ch ₄	none observed	none
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left L.O.X. cut	21,014		
right L.O.X. cut	22,800		

Remarks: 20.8% O₂, 0% ch₄, 0% CO, track, travelways, power center
scoop chaser clear at time.

Outby chamber clear at time of exam.

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

Signed By Randy Zafferty 38424 Certificate No. Assistant Foreman Certificate No.
 Countersigned Rick Foster 28236 Mine Manager Mine Foreman
[Signature] 39058-08 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-24 Shift DAY Area or Section H1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>needs cleaned up</u>	<u>Corrected</u>
2. <u>2</u>	<u>needs dust</u>	/
3. <u>3h</u>	<u>NOT Bolted</u>	
4. <u>4</u>	<u>NOT Bolted</u>	
5. <u>6</u>	<u>needs cleaned up</u>	
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:40-7:50</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>9:20-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>11:00-11:20</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1:00-1:30</u>	<u>0</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Retu</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>R Retu</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>L Retu</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>R Retu</u>	<u>11:35</u>	<u>0</u>	10.		

Number of Bolts Tested 20
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over 88 Amps walk over and crew at 6:30 AM.

[Signature] Assistant Mine Foreman 3058-08 Certificate No. [Signature] Mine Foreman-Mine Manager 28235 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-24-09 20 Section or Area Examined 4 Section
 Time of Examination: from 1:00 a.m. or P.M. to 2:00 a.m. or P.M.
 Was this report phoned to outside: Yes no
 By whom Steve Hannah Time 2:15 P.M.
 Report received by Buck Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry 10' ch ₄	none observed	none
2. #2 entry 10' ch ₄	"	"
3. #3X right 10' ch ₄	part halted	reflector
4. #4 entry 10' ch ₄	none observed	none
5. #5X right 10' ch ₄	scrap cut	reflector
6. #6 entry 10' ch ₄	none observed	none
7. #7 entry 10' ch ₄	needs board & duster	reported
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
left L.O.X cut	20,330		
right L.O.X cut	21,225		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, 0% ch₄, 0% CO. track, trackways, power center, scoop shaver clear at time of exam

Outlet 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Steve Hannah Certificate No. 39058-05 Assistant Foreman Brian Collins Certificate No. 1543-A
 Countersigned Buck Foster Mine Manager / Mine Foreman
 Assistant Foreman _____
 Superintendent or Assistant _____

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Date 10-24-09 Shift eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>N/O</u>	<u>none</u>
2. <u>2</u>	<u>N/O</u>	<u>none</u>
3. <u>3R</u>	<u>Part Bolted</u>	<u>Bolted to face</u>
4. <u>4</u>	<u>N/O</u>	<u>none</u>
5. <u>5R</u>	<u>SCRAP cut</u>	<u>removed</u>
6. <u>6</u>	<u>N/O</u>	<u>none</u>
7. <u>7</u>	<u>needs cleaned + dusted</u>	<u>cleaned + dusted to face</u>
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>435-505</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1000-1045</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 630</u>	<u>0%</u>	6.		
2.	<u>R 700</u>	<u>0%</u>	7.		
3.			8.		
4.	<u>L 1009</u>	<u>0%</u>	9.		
5.	<u>R 1036</u>	<u>0%</u>	10.		

Number of Bolts Tested 24
 Number of Bolts Torqued Above Range 2 Below Range 2

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 10 of RCR with crew at start of shift at end of shift

Simon Collins Assistant Mine Foreman 1543-A Certificate No. Rick Pata Mine Foreman-Mine Manager 28232 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-24 20 09 Section or Area Examined # 4
 Time of Examination: from 10:00 a.m. or PM to 1045 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 1105 PM
 Report received by Jay Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>10% ch₄</u>	<u>N/O</u>	<u>NONE</u>
2 <u>"</u>	<u>Need add cleaning</u>	<u>Reported</u>
3 <u>3 L</u>	<u>Part Bolted</u>	<u>Reflected</u>
4 <u>4 R</u>	<u>Scrap</u>	<u>Reflected</u>
5 <u>5</u>	<u>N/O</u>	<u>NONE</u>
6 <u>6</u>	<u>Scrap</u>	<u>Reflected</u>
7 <u>6 R</u>	<u>Need Clean and Dusted</u>	<u>Reported</u>
8 <u>7</u>	<u>Need Clean and Dusted</u>	<u>Reported</u>
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>21,092</u>		
<u>LOB L</u>	<u>20,114</u>		

Remarks: 20.89% O₂ Detected at exam
0% CH₄, 0% CO Detected at exam
Track, Trawlway, PC, Chargers OK at exam
Chamber, Intake Phase OK at exam

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

Signed By Brian Collins 1543A Assistant Foreman Certificate No.
 Countersigned Rich [Signature] 28236 Mine Manager Mine Foreman Certificate No.
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

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

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-25 20 9 Section or Area Examined # 4
 Time of Examination: from 9:30 a.m. or p.m. to 9:50 a.m. or p.m.
 Was this report phoned to outside: Yes not Time _____ A.M. _____ P.M.
 By whom brought outside
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg's OROCHY	n/a	none
2.	#2	n/a	none
3.	#3 + 3C	wed clean	Rep.
4.	4	n/a	none
5.	5	Ribs rolling out	Rep.
6.	6	Ribs wed clean	Rep.
7.	7	n/a	none
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
RT,	21,050		
RR,	20,111		

Remarks: HOCHY duct, O₂ 20.80% CO₂ 0%
travelways + track clean at time of exam.
Fresh air chamber OK phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 79611 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 28736 Superintendent or Assistant _____

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

Date 10-26-09 Shift 3rd Area or Section 4 sect

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>None Observed</u>	<u>Rep.</u>
2. <u>2L</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
3. <u>3, 4R</u>	<u>None Observed</u>	<u>Rep.</u>
4. <u>5</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
5. <u>6, 6R</u>	<u>None Observed</u>	<u>Rep.</u>
6. <u>7</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>100-132 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>300-331 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. <u>5101</u>	_____	_____
5. <u>1-7</u>	<u>500-536 AM</u>	<u>0%</u>	15. <u>5101</u>	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>132 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>500 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>536 AM</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Airchamber Clear at Time of Exam

Randall Lafferty
Assistant Mine Foreman

38424
Certificate No.

Rick Pata
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-26 20 Section or Area Examined #14
 Time of Examination: from 0700 a.m. or p.m. to 0740 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. Foster Time 5:52 A.M. P.M.
 Report received by S. Hamal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH₄ 0% O₂ 20.8%</u>	<u>none observe</u>	
2.	<u>2L</u>	<u>needs cleaned & adjusted</u>	<u>Rep</u>
3.	<u>304R</u>	<u>none observe</u>	
4.	<u>5</u>	<u>needs cleaned & adjusted</u>	<u>Rep</u>
5.	<u>606R</u>	<u>none observe</u>	
6.	<u>7</u>	<u>needs add'l clean</u>	<u>Rep</u>
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>17556</u>		
<u>R LOB</u>	<u>19152</u>		

Remarks: Power center and Roadways clear at time of exam
CH₄ 0% O₂ 20.8%

Out by 5/40/68 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall Jafferty 38424 Assistant Foreman Certificate No. 28734
 Countersigned Rick Foster Mine Manager Mine Foreman
S. Hamal Superintendent or Assistant Certificate No. 3058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-26 Shift DAY Area or Section #14

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2c</u>	<u>needs cleaned/dusted</u>	<u>Corrected</u>
2. _____	_____	_____
3. _____	_____	_____
4. <u>5</u>	<u>needs cleared/dusted</u>	/
5. _____	_____	
6. _____	_____	
7. <u>7</u>	<u>keep cleaned side Star</u>	
8. _____	_____	
9. _____	_____	
10. _____	_____	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>11:30</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 20

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 15 Roof control Plan with crew at 6:50 am

[Signature] Assistant Mine Foreman 3908-08 Certificate No. [Signature] Mine Foreman-Mine Manager 28736 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-26-09 20 Section or Area Examined #4 section
 Time of Examination: from 1 a.m. or am. to 2 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 2:55 A.M. PM.
 Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH4 0%</u>	<u>N/A</u>	<u>none</u>
2. <u>2 "</u>	<u>N/A</u>	<u>none</u>
3. <u>3 "</u>	<u>SCRAP cut</u>	<u>Reflected</u>
4. <u>4 & 4R "</u>	<u>N/A</u>	<u>none</u>
5. <u>5 "</u>	<u>needs cleaned & dusted</u>	<u>Repaired</u>
6. <u>6 "</u>	<u>N/A</u>	<u>none</u>
7. <u>7 "</u>	<u>Part Bolted</u>	<u>Reflected</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB Lt</u>	<u>20,125</u>	_____	_____
<u>Rt</u>	<u>20,650</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

hundreds, walkways, haulagways, powerlines, cutting shatters
check at time of exam

Intake Phone OK At Exam Time

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

Signed By Steve Harrah
 Preshift Mine Examiner
 Countersigned Rick Foster
 Mine Manager - Mine Foreman

39058-08
 Certificate No.
28732

Brian Collins
 Assistant Foreman
1543-A
 Certificate No.

Assistant Foreman

Superintendent or Assistant

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Date 10-26-09 Shift Eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1+2</u>	<u>N/A</u>	<u>none</u>
2. <u>3</u>	<u>SCRAP cut</u>	<u>mined cut</u>
3. <u>H24R</u>	<u>N/A</u>	<u>none</u>
4. <u>5</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
5. <u>4</u>	<u>N/A</u>	<u>none</u>
6. <u>7</u>	<u>Paint Bolted</u>	<u>Bolted to face</u>
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>L 630</u>	<u>0%</u>	6.		
2.	<u>R 700</u>	<u>0%</u>	7.		
3.			8.		
4.	<u>L 1008</u>	<u>0%</u>	9.		
5.	<u>R 1038</u>	<u>0%</u>	10.		

Number of Bolts Tested 28

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 10 of RCR with crew at start of shift at end of truck

Brian Collins Assistant Mine Foreman 1543-A Certificate No. Rick Foster Mine Foreman-Mine Manager 2873 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-26-09 2009 Section or Area Examined 4 section
 Time of Examination: from 10:00 a.m. or p.m. to 1045 a.m. or p.m.
 Was this report phoned to outside: no
 By whom Brian Collins Time 1103 A.M. PM
 Report received by Shalwa (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>.0% ch₄</u>	<u>cleaned dusted</u>	<u>reported</u>
2.	<u>"</u>	<u>scrap</u>	<u>"</u>
3.	<u>"</u>	<u>clean dusted</u>	<u>"</u>
4.	<u>"</u>	<u>None observed</u>	<u>none</u>
5.	<u>S SR</u>	<u>None observed</u>	<u>"</u>
6.	<u>"</u>	<u>scrap</u>	<u>reflecto</u>
7.	<u>"</u>	<u>None observed</u>	<u>none</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Left side air</u>	<u>20,096</u>		
<u>Right side air</u>	<u>20,710</u>		
<u>0% CH₄</u>			
<u>20.8 O₂</u>			

Remarks: Power center travel ways Belts checked at time of exam

Intake phone OK at time of exam

Outlet shelter O.K. 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Brian Collins 1543-19 Assistant Foreman Certificate No. _____
 Countersigned Paul Butler 28736 Mine Manager Mine Foreman
Shalwa 1941A Assistant Foreman
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27-09 Shift 3rd Area or Section 4 Sect

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2R</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>3R</u>	<u>Corner Needs Bolted</u>	<u>Ref.</u>
3.	<u>4, 5R, +6</u>	<u>None Observed</u>	<u>Rep.</u>
4.	<u>7</u>	<u>Scrap Cut</u>	<u>Ref.</u>
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
	<u>1-7</u>	<u>100-134 AM</u>	<u>0%</u>				
2.				12.			
3.	<u>1-7</u>	<u>300-335 AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7</u>	<u>500-530 AM</u>	<u>0%</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	<u>LT Return</u>	<u>100 AM</u>	<u>0%</u>				
2.	<u>RT Return</u>	<u>134 AM</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>LT Return</u>	<u>500 AM</u>	<u>0%</u>	9.			
5.	<u>RT Return</u>	<u>530 AM</u>	<u>0%</u>	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, + Outby Air Chamber
Clear AT TIME OF EXAM

Randall Lafferty
Assistant Mine Foreman

35424
Certificate No.

Rock Peter
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-27 20 Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. C. Jafferty Time 6:00 A.M. P.M.
 Report received by G. Hannal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2 R CH₄ 0% O₂ 20.8%</u>	<u>none observed</u>	
2.	<u>3</u>	<u>corner needs bolted</u>	<u>REFI</u>
3.	<u>4, 5 R 06</u>	<u>none observed</u>	
4.	<u>7</u>	<u>SCIP</u>	<u>REFI</u>
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>20748</u>		
<u>R LOB</u>	<u>20862</u>		

Remarks: Power center and roadway clear at time of exam
CH₄ 0% O₂ 20.8%
Outlet chamber OK

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

Signed By Randall Jafferty Certificate No. 38424 Assistant Foreman
 Countersigned Reck Jiles Certificate No. 28736 Superintendent or Assistant
 Mine Manager Mine Foreman
G. Hannal Certificate No. 39058-08
 Assistant Foreman

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>3</u>	<u>Corner needs 3 bolts</u>	<u>11</u>
2. <u>7</u>	<u>SCAFF</u>	
3. _____	_____	
4. _____	_____	
5. _____	_____	_____
6. _____	_____	_____
7. <u>Cable Bolted Intersection and Break a long N #2 only Feeder.</u>	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>6:55</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Return</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Return</u>	<u>11:35</u>	<u>0</u>	10. _____	_____	_____

Number of Bolts Tested 22

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over pg. 12 para 24 Roof control
8/10 min clear at 6:50 -

[Signature] Assistant Mine Foreman 3200806 Certificate No. [Signature] Mine Foreman-Mine Manager 2872 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-27-09 20 Section or Area Examined #4 section
 Time of Examination from 1 a.m. or PM to 1:55 a.m. or PM.
 Was this report phoned to outside: no
 By whom Steve Haccatt Time 3 A.M.
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

No.	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u> <u>CH4 0%</u>	<u>NOT Bolted</u>	<u>Reflectors</u>
2.	<u>2</u> <u>"</u>	<u>N/O</u>	<u>none</u>
3.	<u>3R</u> <u>"</u>	<u>Not Bolted</u>	<u>Reflectors</u>
4.	<u>405</u> <u>"</u>	<u>N/O</u>	<u>none</u>
5.	<u>5R</u> <u>"</u>	<u>Part Bolted</u>	<u>Reflectors</u>
6.	<u>6</u> <u>"</u>	<u>N/O</u>	<u>none</u>
7.	<u>7</u> <u>"</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt</u>	<u>20,485</u>	
	<u>Rt</u>	<u>20,730</u>	

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam
Turnbuckles, walkways, haulageways, and powercables and
outlet shells clear at time of exam
Intake Phase OK At Exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39054-08 Certificate No. Bruce Collins Assistant Foreman 1543-A Certificate No.
 Countersigned [Signature] Mine Manager [Signature] Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27-09 Shift eve Area or Section #4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Not Bolted</u>	<u>halted to face</u>
2. <u>2</u>	<u>n/a</u>	<u>none</u>
3. <u>3R</u>	<u>not Bolted</u>	<u>halted to face</u>
4. <u>4&5</u>	<u>NO</u>	<u>none</u>
5. <u>5B</u>	<u>Part Bolted</u>	<u>halted to face</u>
6. <u>G</u>	<u>n/a</u>	<u>none</u>
7. <u>7</u>	<u>SCRAP out</u>	<u>mined out</u>
8.		
9.		
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u> <u>L</u>	<u>10:30</u>	<u>0%</u>	6.		
2. <u>11</u> <u>R</u>	<u>7:00</u>	<u>0%</u>	7.		
3. <u>11</u> <u>L</u>	<u>10:08</u>	<u>0%</u>	8.		
4. <u>11</u> <u>R</u>	<u>10:35</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested 34
Number of Bolts Torqued Above Range 2 Below Range 4

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 1 of RCR with crew
at end of TR at start of shift

Bruce Collins
Assistant Mine Foreman

1543A
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

2827
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-27-09 20 Section or Area Examined 4 section
 Time of Examination: from 1000 a.m. or p.m. to 1045 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Collins Time 1100 P.M.
 Report received by Glen Collins (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1, Outby	Add cleaning	Reported
2.	2 "	Part Bolted	Reflected
3.	2L "	not Bolted	Reflected
4.	3 "	scrapped	Reflected
5.	3R "	needs Oushed	Reported
6.	4 "	n/o	none
7.	5 "	cleaned & dusted	Reported
8.	6R "	scrapped	Reflected
9.	7 "	Cleaned & dusted	Reported
10.			

Air Measurements

Location	CFM	Location	CFM
LT	20,420		
RT	29216		

Remarks:

02064 0200 20.82 02
 PC, Chargers, Track, Travelways OK
 outby Chambers, Intake thone OK
 Soft ribs across section

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Bruce Collins 1543-A Assistant Foreman Certificate No. _____
 Countersigned Mark Foster 29236 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 10-28-09 Shift 3rd Area or Section 4 Sec.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 rows of handwritten entries.

Number of Bolts Tested... Number of Bolts Torqued Above Range... Below Range... If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) TRACK, Travelways, + Outby Air Chamber Clear At Time of Exam

Signatures and Certificates: Randall Lafferty (Assistant Mine Foreman), Rick Forta (Mine Foreman-Mine Manager), 28231 (Certificate No.), Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-28 20 Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 6:00 A.M. P.M.
 Report received by J. Roman (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>C 4% Or 20.8%</u>	<u>more obscene</u>	<u>Rep</u>
2.		<u>needs Add'l clean</u>	<u>Rep.</u>
3.		<u>not Bolted</u>	
4.		<u>more obscene</u>	
5.		<u>needs Add'l clean</u>	<u>Rep</u>
6.	<u>4 outby inters ectio</u>	<u>Busted up</u>	<u>Rep</u>
7.		<u>Scrap</u>	<u>Rep</u>
8.		<u>not Bolted</u>	<u>Rep</u>
9.		<u>Needs add'l clean</u>	<u>Rep</u>
10.	<u>4's outby Ribs</u>	<u>needs Bolt's</u>	<u>Rep.</u>

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>17290</u>		
<u>R LOB</u>	<u>17822</u>		

Remarks: Power center and Roadways clear at time of Exam
C 4% Or 20.8%
Ribs Flaking off

Outby 5 Holter 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall Lafferty Certificate No. 38424 Assistant Foreman
 Countersigned Bush Mine Manager Mine Foreman Certificate No. 28736
J. Roman Superintendent or Assistant Certificate No. 39068-08

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

Date 10-28 Shift PM Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	wedges add'l cleaned	Correct
2	NOT Bolted	✓
3	wedges add'l checked	
4	outlet Busted	Cable Bolted
5	scum	correct
6	not bolted	✓
7	wedges add'l clean	
8		
9		
10		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-7	7:00-7:30	0	11.		
1-7	9:00-9:30	0	12.		
1-7	11:00-11:30	0	13.		
1-7	1:00-1:30	0	14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
L. R. R. R.	6:35	0	6.		
R. R. R.	7:35	0	7.		
			8.		
L. R. R. R.	10:55	0	9.		
R. R. R.	11:35	0	10.		

Number of Bolts Tested 28
 Number of Bolts Torqued Above Range 0 Below Range 0
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over drilling test holes with crew at 6:00 am.

Hannon 38058-06 Rest Foster 28236
 Mine Foreman 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 10-28-09 20: Section or Area Examined A4 Section
 Time of Examination: from 1 a.m. or PM to 1:55 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 3 PM
 Report received by Brian Collins (Signed)

Violations and other Hazardous Conditions Observed and Reported

No.	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH4 0%</u>	<u>NOT Bolted</u>	<u>Repectured</u>
2.	<u>"</u>	<u>N/A</u>	<u>none</u>
3.	<u>"</u>	<u>N/A</u>	<u>none</u>
4.	<u>"</u>	<u>N/A</u>	<u>none</u>
5.	<u>"</u>	<u>not Bolted</u>	<u>Repectured</u>
6.	<u>"</u>	<u>not Bolted</u>	<u>Repectured</u>
7.	<u>"</u>	<u>SCRAP cut</u>	<u>Repectured</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>L</u> <u>20,880</u>		
	<u>R</u> <u>20,120</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam
timberings, walkways, haulageways, powercenter
and cutting shelter clear at time of exam
Intake Phone OK At time of Exam
Soft Ribs across section, Ribs flaking off

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39258-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.
 Countersigned [Signature] Mine Manager 28236 Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-28-09 Shift eve Area or Section F4 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Not Bolted</u>	<u>Scalped to face</u>
2. <u>2</u>	<u>N/A</u>	<u>none</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. <u>4</u>	<u>N/A</u>	<u>none</u>
5. <u>5</u>	<u>not Bolted</u>	<u>Scalped to face</u>
6. <u>6</u>	<u>not Bolted</u>	<u>Scalped to face</u>
7. <u>7</u>	<u>SCRAP out</u>	<u>mined out</u>
8.		
9.		
10.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>2</u>	<u>630</u>	<u>0%</u>	6.	
2. <u>"</u>	<u>R</u>	<u>700</u>	<u>0%</u>	7.	
3.			8.		
4. <u>"</u>	<u>L</u>	<u>1007</u>	<u>0%</u>	9.	
5. <u>"</u>	<u>R</u>	<u>1039</u>	<u>0%</u>	10.	

Number of Bolts Tested 44
 Number of Bolts Torqued Above Range 0 Below Range 0
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4, part 12 of RCR with crew at end of shift at start of shift

Bruce Collins Assistant Mine Foreman 1543-A Certificate No. Paul Feter Mine Foreman-Mine Manager 2823 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-28-09 20 Section or Area Examined #4 Section
 Time of Examination: from 10:30 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no Time A.M. 10:55 PM
 By whom Brian Collins
 Report received by Steve Coker (Signed)

Violations and other Hazardous Conditions Observed and Reported

#	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	#1	OK	Needs cleaned & Dusted	Reported
2.	#2	OK	" "	Reported
3.	#2 Right	OK	" "	Reported
4.	#3	OK	Scrap Cut	Reflected
5.	#4 Right	OK	Part Dusted	Reflected
6.	#5	OK	Needs cleaned & Dusted	Reported
7.	#6	OK	" "	Reported
8.	#7	OK	Scrap Cut	Reflected
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L. L.O.S.	20,517		
R. L.O.S.	19,442		

Remarks: OK CH₄, open CO₂ do not detected at time of exam
Track, Travelways, pavement, chaises, Intake Phone, Refuge ok at time of exam
Soft Ribs Access Section Flaking off!!

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

Signed By Brian Collins 1543-A Assistant Foreman Certificate No. _____
Preshift-Mine Examiner
 Countersigned Steve Coker 2878L _____
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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

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