

12 GWM
5-25-2010

3 SECT

Started 9-19-09
Finished 9-7-09

PRESHIFT - ONSHIFT and DAILY REPORT

Finished 9-7-09

Company Performance Coal
Mine W. B. B.
SECTION 3 Sect.
LOCATION Naoma Releigh MS
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-19-9 Shift eve Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for locations #1-#7 and #3 with various violations like 'Not Bolted', 'gob in face', and actions like 'Bolted, Reflector', 'Loaded out gob', etc.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of methane readings at location 1-7 at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of methane readings in return aircourses (LLOB, RLOB) at various times.

Number of Bolts Tested 9 Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken Spot Bolted 6 Bolts in #7, Spot Bolted 32 Bolts across section

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Roof & Rib at end of track with entire crew

Signatures and names: Kimm Thompson 1689A, Assistant Mine Foreman; [Signature] 31, Mine Foreman-Mine Manager; [Signature], Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Aug 19 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Thompson Time A.M. 11:21 P.M.
Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data for L* LOB and R* LOB.

Remarks: CH4 0.0% CO2 20.8% at time of exam.
Powercenter, chargers, travelways clear at time of exam.
Outby Chamber OK
Haulways need Add cleaning.

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

Signed By Kenny Thompson 1689A Certificate No.
Countersigned [Signature] 3706000 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 Aug 20, 09 Shift 021 Area or Section S-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>O₂</u>	<u>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. <u>7</u>	<u>5:00 pm</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>1</u>	<u>5:51 pm</u>	<u>0.0%</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) _____

[Signature]
Assistant Mine

1759A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

31222
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-20 2009 Section or Area Examined #3 section
Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Jeremy Burghoff Time A.M P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for entries #1-7 with violations like 'Needs cleaned + dusted', 'Part Bolted', 'Scrap Cut', 'Needs cleaned + dusted', 'Seven Damaged Bolts', and 'None Observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LLOB (24,300), RLOB (21,451), and OCHYI (20.802).

Remarks: Power Centers, Travelways, Chargers, Outby Chamber, OCHYI 20.802. Includes a large handwritten note: 'OK at time of exam.'

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1755-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3206004
Assistant Foreman [Signature] Certificate No. 1122-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-20-9 Shift Day Area or Section # 3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1-4-5-6	Needs Cleaned + Dusted	Cleaned + Dusted
2. #2-2c	OCHY! Part Bolted	Bolted + Reflectors
3. #3	20.802 Scrap cut	Bolted + Reflectors
4. #5 Face	Seven Damaged Bolts	Spotted 9 Bolts
5.		
6. #4 Entry	Five loose-Damaged Bolts	Spotted 5 Bolts
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-730am	0 CHY!	11.		
2.			12.		
3. 1-7	9-930am	0	13.		
4.			14.		
5. 1-7	11-1130am	0	15.		
6.			16.		
7. 1-7	1-130pm	0	17.		
8.			18.		
9. 1-7	230-3pm	0	19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	710am	0 CHY!	6. Lt. Return	231pm	0 CHY!
2. Rt. Return	721am	0	7. Rt. Return	250pm	0
3. Lt. Return	1106am	0	8.		
4. Rt. Return	1123am	0	9.		
5.			10.		

Number of Bolts Tested Resin-7
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 3 Sect A of RCP at

6:55 AM.
Bush Bay Assistant Mine
1102-A Certificate No.
[Signature] Mine Foreman-Mine Manager
32000 Certificate No.
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 8-20-09 20. Section or Area Examined 3 Section
Time of Examination: from 2:30 a.m. or 6:00 to 3:00 a.m. or 6:00
Was this report phoned to outside: Yes no
By whom Brandon Rowland Time A.M. 3:25 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, O ₂ ch ₄	scoop cut	reflector
2. #26 H entry, O ₂ ch ₄	not loltest	reflector
3. #2 X left, O ₂ ch ₄	10 belts dislodged	reflector
4. #3 face, O ₂ ch ₄	part loltest	reflector
6. #5 entry, O ₂ ch ₄	tracks cleaned, o dusts	reflector
6. #6, #6 X R, #7, O ₂ ch ₄	none observed	none
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left 10 X cut	24,900		
right 10 X cut	22,832		

Remarks: 20.8% O₂, O₂ ch₄, O₂ CO, track, Trachways,
power center, scoop chargers clear at time of exam.
Section needs additional cleaning & dusting.
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 Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Brandon Rowland 1122-A Kenny Thompson 1689A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rick Foster 3106001
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 8.20.09 Shift Evening Area or Section 3-section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap</u>	Corrected
2. <u>2</u>	<u>N. Bolted</u>	<u>Corrected</u>
3. <u>2L</u>	<u>10 Bolts dislodged</u>	
4. <u>3</u>	<u>P. Bolted</u>	
5. <u>5</u>	<u>N/C/D</u>	
6. <u>6, 6k, 7</u>	<u>N/O</u>	
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-500</u>	<u>0%</u>	11.		
2. <u>11</u>		<u>11</u>	12.		
3. <u>1-7</u>	<u>6:30-700</u>	<u>0%</u>	13.		
4. <u>11</u>		<u>11</u>	14.		
5. <u>1-7</u>	<u>8:30-900</u>	<u>0%</u>	15.		
6. <u>11</u>		<u>11</u>	16.		
7. <u>1-7</u>	<u>9:45-1015</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>Rt. Ret.</u>	<u>800</u>	<u>0%</u>	6.		
2. <u>11</u>	<u>1000</u>	<u>11</u>	7.		
3. <u>L Rt. Ret.</u>	<u>810</u>	<u>0%</u>	8.		
4. <u>11</u>	<u>1010</u>	<u>11</u>	9.		
5.			10.		

Number of Bolts Tested 6
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) Went over roof control plan - w/ entire crew - buddy checked on SCSR.

[Signature] Assistant Mine Foreman
[Signature] Mine Foreman
[Signature] Superintendent or Assistant Superintendent

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8.20 20 09 Section or Area Examined 3-Section
Time of Examination: from 9:45 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Brought out Time A.M. 11:25 P.M.
Report received by J. Calo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes handwritten entries for locations 1-7 and actions like 'Reported', 'N/A', 'Needs spot bolts/Needs 4 bolts'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten entries for 'Let. Ret.' (24,900) and 'Rt. Ret.' (21,290).

Remarks: (Chy 0% detected) 26.8% O2 0 ppm

Chargers PC. out by chamber All clear at time of exam D-Boxes Travel way

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

Signed By [Signature] Certificate No. 1662A
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 1759-A
Superintendent or Assistant [Signature] Certificate No. 1122-A

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. _____	_____	_____

*No work due to raise lone
hole R.J.F.*

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 8-21-09 20 Section or Area Examined 3 Section
 Time of Examination: from 9:50 a.m. or p.m. to 10:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Bramley Time 10:40 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.		

Handwritten notes in table:
 1, 2 need cleaned & dusted
 3 crosscut & Ranged belts
 3, 4 need cleaned & dusted
 4 3 belts torn out
 5, 6 need cleaned & dusted
 7 gob in face
 Action Taken: Ref. Hany

Air Measurements

Location	CFM	Location	CFM
left L.O.X. cut	23,400		
right L.O.X. cut	27,900		

Remarks: chamber ok, changers, travelways clean
haulage ways, clear at

CH₄ - 0%
 O₂ - 20.8%
 CO - 0%

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

Signed By Bramley 1122-A
 Preshift-Mine Examiner Certificate No.
 Assistant Foreman Certificate No.
 Countersigned [Signature] 37622
 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 8-21-9 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include #1-2, #3L CC, #3-4, #4, #5-6, #7.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 with handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 with handwritten entries.

Number of Bolts Tested Resin-3 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) at 11:00 AM. 505R3 OK. Pg. 5 Sect 16 RCP Assistant Mine Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-21-09 Section or Area Examined 3 Section
Time of Examination: from 2:30 a.m. or a.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BRANDON Bowling Time A.M. 3:15 P.M.
Report received by Charley Taylor 37002 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include 1 FACE, 2 FACE, 3 FACE, 4, 5, 6, 7, and SEE REMARKS.

Air Measurements

Table with 4 columns: Returns, CFM, Location, CFM. Rows include Left LOB (23,750) and Right LOB (26,110).

Remarks: 0% CH4 0% CO 20.8% O2
Outby chamber OK
POWER CENTERS, CHARGERS, ROADWAYS OK AT TOR

Remarks: Section Needs add Dusting, Left inby CORNER AT FEEDER NEEDS 3 TIMBERS SET (RIB ROLLED OUT) #1 FEEDER LINE BETWEEN 1 & 2 4 BOLTS DAMAGED

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Mine Examiner
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-21 Shift Evening Area or Section S 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>Corrected</u>
2. <u>2</u>	<u>" "</u>	
3. <u>3</u>	<u>" "</u>	
4. <u>4</u>	<u>3 bolts out in intersection</u>	
5. <u>5</u>	<u>N/C/O</u>	
6. <u>6</u>	<u>" " "</u>	
7. <u>6B</u>	<u>P. Bolted</u>	
8. <u>7</u>	<u>Bob in Face</u>	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>570-600</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>730-800</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>930-1000</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1130-1200</u>	<u>0%</u>	17.		
8.			18.		
9. <u>1-7</u>			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Rt. Ret.</u>	<u>800</u>	<u>0%</u>	6.		
2. <u>cc cl</u>	<u>1200</u>	<u>0%</u>	7.		
3. <u>Lft. Ret.</u>	<u>810</u>	<u>0%</u>	8.		
4. <u>" "</u>	<u>1210</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested Resin
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) went over roof control plan w/active crew - discussed ventilation plan Buddy check S.S.R.

[Signature] Assistant Mine 1662-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Aug 21 20 09 Section or Area Examined 3-Section/dw
Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Cold Time A.M. 11:09 P.M.
Report received by Jeremy Burghardt (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-7 and violations like 'none observed', 'Loose and Damag. Bolts', 'Narrow Black', 'Narrow Black, Gob in face'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Lt' (24,490) and 'Rt' (22,620).

Remarks: CH 0.09 CO 0% O2 20.8% at time of exam.
Power center, chargers, travelways clear at time of exam.
Outby Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1662-A Certificate No.
Countersigned [Signature] 1769-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 Aug 22, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. <u>#7 entry</u>	<u>Wide Entry</u>	<u>Cribed</u>
8. _____	_____	_____

Section Idle

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch⁴</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>O₂</u>	<u>20.8%</u>	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

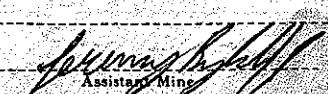
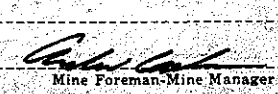
Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>7</u>	<u>5:02am</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>1</u>	<u>5:58am</u>	<u>0.0%</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) _____


 Assistant Mine Foreman
1759-A
 Certificate No.

 Mine Foreman-Mine Manager
3900000
 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-22 20 09 Section or Area Examined #3
Time of Examination: from 600 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Jeremy Burghoff Time 603 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry (None Observed, Reported), #2 (Part Bolted, Reflectors), #3 OCH4% (Needs Cleaned + Dusted, Reported), #3R 20.802 (Damaged Belts, Reflectors), #4-5 (None Observed, Reported), #6 (Needs Cleaned + Dusted, Reported), #7 (Part Bolted - Wide Entry, Reflectors - DANGERED off).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include LLOB (22,692), RLOB (20,051), OCH4% (20.802).

Remarks: Power Center, Travelways, Chargers, Outby Chamber, Haul roads need Add. cleaning, OCH4% 20.802. OK at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1755A [Signature] 1120A
Certificate No. [Signature]
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 8-22-9 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2-7 OCH4!	Part Bolted-	Bolted + Reflectors
2.	#3-6 20.802	Needs Cleaned + Dusted	Cleaned + Dusted
3.	#7	Wide Entry	set cribs
4.	#3R	Damaged Bolts	Spotted 13 Bolts
5.	L s/c Dump	Rib Roll - wide Bolts	Set 3 Timbers
6.	Outby Power Center	Corner not Bolted	Set 1 Timber
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-730AM	0 CH4!	11.		
2.			12.		
3. 1-7	9-930AM	0	13.		
4.			14.		
5. 1-7	11-1130AM	0	15.		
6.			16.		
7. 1-7	1-130PM	0	17.		
8.			18.		
9. 1-7	230-3PM	0	19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	708AM	0	6. Lt. Return	231 PM	0 CH4!
2. Rt. Return	726AM	0	7. Rt. Return	255 PM	0
3. Lt. Return	1105AM	0	8.		
4. Rt. Return	1123AM	0	9.		
5.			10.		

Number of Bolts Tested Resin-5
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 4 Sect 20 RCPat
653 AM.

Bush Boy Assistant Mine Foreman
1122-A Certificate No.
[Signature] Mine Foreman-Mine Manager
390000 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 8-22-09 20 Section or Area Examined #3
Time of Examination: from 2:30 a.m. or 6 p.m. to 3:00 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom B. Bowling Time A.M. 2:35 P.M.
Report received by A. Carlson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '2 Not Bolted', '3 Need c&D', '4 Not Bolted', '5 None', '6 need cleaned', '7 None obs', '8 Needs Timbered'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: L-Return 25,300, R-Return 23,446.

Remarks: RL, Haulways roadways charges clear at time of exam
20.82 02 o.d.s chet
Air chamber

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Brandon Bowling 1122-A Certificate No. 7511002 Assistant Foreman
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 1662-A
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 8-22 Shift Evening Area or Section 3-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.B. 4 Bolter dwn on tram</u>	<u>N.B. Corrected</u>
3. <u>3</u>	<u>N/O</u>	<u>Corrected</u>
4. <u>3R</u>	<u>N.B.</u>	<u>Corrected</u>
5. <u>4</u>	<u>N/O</u>	<u>None</u>
6. <u>5</u>	<u>N/O</u>	<u>Corrected</u>
7. <u>6, 7</u>	<u>N/O</u>	<u>None</u>
8. <u>Rib at feeder</u>	<u>Needs Timbered</u>	<u>Corrected</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>530-600</u>	<u>0%</u>	11.		
2.		<u>11</u>	12.		
3. <u>1-7</u>	<u>730-800</u>	<u>0%</u>	13.		
4.		<u>11</u>	14.		
5. <u>1-7</u>	<u>930-1000</u>	<u>0%</u>	15.		
6.		<u>11</u>	16.		
7. <u>1-7</u>	<u>1130-1200</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>Rt. Ret</u>	<u>800</u>	<u>0%</u>	6.		
2. <u>11 11</u>	<u>1200</u>	<u>11</u>	7.		
3. <u>Lft. Ret</u>	<u>810</u>	<u>0%</u>	8.		
4. <u>11 11</u>	<u>1210</u>	<u>11</u>	9.		
5.			10.		

Number of Bolts Tested Resin
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) Went over roof control plan w/ entire crew buddy check 3CSR.

[Signature] Assistant Mine 1662-A Certificate No. [Signature] Mine Foreman-Mine Manager 3301 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 8.22 2009 Section or Area Examined 3-Section
Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
Was this report phoned to outside: Yes _____ no _____
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

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

Remarks: _____

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

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

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 8-23-09 20 Section or Area Examined #3
Time of Examination: from 4:20 a.m. or 4:20 p.m. to 6:20 a.m. or 6:20 p.m.
Was this report phoned to outside: Yes 1 no 2 carried out
By whom H. Carlson Time 2:20 A.M. P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0.02 ch4 20.82 O2

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

Signed By [Signature] 3506022 Certificate No. Assistant Foreman
Countersigned [Signature] 3506022 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Penell or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Aug 23 2009 Section or Area Examined 3-Section
Time of Examination: from 10:45 a.m. or am to 10:45 a.m. or am
Was this report phoned to outside: Yes not
By whom Brought out Time 10:57 P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	<u>CH₄ 0.0%</u> <u>None observed</u>	<u>None</u>
2	<u>Not Batted</u>	<u>Reflector off</u>
3	<u>Scrap cut</u>	<u>Reflector off</u>
4	<u>4-5-SR</u> <u>Needs cleaned</u>	<u>Reported</u>
5	<u>6</u> <u>needs cleaned and Dusted</u>	<u>Reported</u>
6	<u>7</u> <u>needs cleaned, Gdb in face</u>	<u>Reported</u>
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>24,721</u>		
<u>Rt LOB</u>	<u>21,858</u>		

Remarks: CH₄ 0.0% CO₂ 0.208% at time of exam.
Powercenter, chargers, travelways clear at time of exam
Outby Chamber ok
Section needs Add Cleanings

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1759-A [Signature] 1759-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 390000
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 Aug 24, 09 Shift aw1 Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch⁴</u>	<u>0.0%</u>	-----	11. -----	-----	-----
2. <u>CO</u>	<u>0%</u>	-----	12. -----	-----	-----
3. <u>O₂</u>	<u>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. <u>7</u>	<u>5:01 AM</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>1</u>	<u>5:50 AM</u>	<u>0.0%</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) -----

[Signature] Assistant Mine Foreman
1755-A Certificate No.
[Signature] Mine Foreman-Mine Manager
3501-104 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 8-24 2009 Section or Area Examined #3 Section
Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Jeremy Burghoff Time 604 A.M. P.M.
Report received by Bruce Bowry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry OCH4!, #2 20802 Not Bolted, #3 Scrap Cut, #4-5-SR Needs Cleaned, #6 Needs Cleaned + Dusted, #6 Feeder line Int. Damaged Bolts, #7 Gob in face.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include LLOB 24,972, RLOB 23,061, OCH4! 20.802.

Remarks: Power Center Travelways Chargers Outby Chamber OCH4! 20.802
OK at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jeremy Burghoff 1759-A Certificate No. Bruce Bowry 1122-A Certificate No.
Countersigned Mike Cook 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 8-24-9 Shift Day Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2 Entry OCH ₄ !	Not Bolted	Reflectors
2. #3	20.80% Scrap Cut	Bolted + Reflectors
3. #4-5-SR-6	Need Cleaned + Dusted	Cleaned + Dusted
4. #6 Outby Int.	Damaged Bolts	Spotted 11 Bolts
5. #7	Go to in face	Reported
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	8-830AM	0 CH ₄ !			
2.			12.		
3. 1-7	10-1030AM	0	13.		
4.			14.		
5. 1-7	12-1230PM	0	15.		
6.			16.		
7. 1-7	2-230PM	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	803AM	0 CH ₄ !	6. Lt. Return	202PM	0 CH ₄ !
2. Rt. Return	821AM	0	7. Rt. Return	227PM	0
3. Lt. Return	1209PM	0	8.		
4. Rt. Return	1222PM	0	9.		
5.			10.		

Number of Bolts Tested Resin-5
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 3 sect A of RCP
at 750 AM. SCSR's OK.

Bush King Assistant Mine
1122 Certificate No.
Ch. Cal Mine Foreman-Mine Manager
2222 Certificate No.
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 8-24-09 20 Section or Area Examined # 3
 Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Bowling Time A.M. 2:30 P.M.
 Report received by A. Carlson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>None</u>	<u>None</u>
2. <u>2</u>	<u>Not Batted & 2 Batts in Entrance</u>	<u>Rep. Tapped</u>
3. <u>3</u>	<u>Not Batted, wide place south</u>	<u>" "</u>
4. <u>4, 5</u>	<u>none</u>	<u>none</u>
5. <u>SR</u>	<u>Scrap cut</u>	<u>Rep. Tapped</u>
6. <u>6, 7</u>	<u>None</u>	<u>None</u>
7. <u>Section</u>	<u>need add cleaning</u>	<u>Rep.</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>C-Return</u>	<u>24,900</u>	_____	_____
<u>R-Return</u>	<u>22,180</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: PC, charges, haulways, roadways clear at time of exam 20:00:02
o. Reach 4
Outby chamber OK.

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

Signed By Brian Boy Certificate No. 1100-A Assistant Foreman [Signature] Certificate No. 1662-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3306.008
 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 8.24 Shift Evening Area or Section 3-section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	None	None
2.	2	N. Bolted	Corrected
3.	3	N. Bolted	11
4.	4,5	None	None
5.	SR	Scrap Cut	Corrected
6.	6,7	None	None
7.	Section	Needs A. cleing	Corrected
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.				12.			
3.	1-7	630-700	0%	13.			
4.				14.			
5.	1-7	830-900	0%	15.			
6.				16.			
7.	1-7	1030-1100	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Rt. Ret.	800	0%	6.			
2.	ll ll	1200	0%	7.			
3.	Lft. Ret.	810	0%	8.			
4.	ll ll	1210	0%	9.			
5.				10.			

Number of Bolts Tested Resin
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) went over roof control plan w/entire crew - buddy checks on S.C.S.R.

[Signature]
Assistant Mine

1662-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3300000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Aug 24 2009 Section or Area Examined 3-Section
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Cole Time A.M. 11:15 P.M.
Report received by Jeremy Burghel (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-7 and their corresponding violations and actions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data for LT LOB and RT LOB.

Remarks: CH4 0.0% CO 0% O2 20.8% at time of exam.
Powercenter, charges, travelways clear at time of exam.
Outby Chamber OK

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1662-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 3906002
Assistant Foreman Certificate No. 1759-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Aug 25, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0%</u>	-----	11. -----	-----	-----
2. <u>CO</u>	<u>0%</u>	-----	12. -----	-----	-----
3. <u>O₂</u>	<u>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. <u>7</u>	<u>4:57 AM</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>1</u>	<u>5:59 AM</u>	<u>0.0%</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) -----

[Signature]
Assistant Mine

1785-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

320000
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 8-25 2009 Section or Area Examined #3 section
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: yes no
 By whom Jeremy Burghoff Time 6:10 A.M. P.M.
 Report received by Brand Boy (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 Entry	None observed	Reported
#2	Not Bolted	Reflectors
#3-4 OCH4!	Needs Cleaned + Dusted	Reported
#4R 20.802	Scrap Cut	Reflectors
#5	Npc Observed	Reported
#5R	Part Bolted	Reflectors
#6	Needs Cleaned	Reported
#7	606 in face	Reported
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LLOB	24,331		
RLOB	20,780		
OCH4!			
20.802			

Remarks: Power Center
 Chargers } OK at time of exam
 Travel ways }
 Outby Chamber }
 OCH4! 20.802

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

Signed By Jeremy Burghoff 1754A Certificate No. Brand Boy 1122-A Certificate No.
 Countersigned Brand Boy Mine Manager - Mine Foreman Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-25-9 Shift Day Area or Section # 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	# 2 Entry	Not Bolted	Bolted + Reflectors
2.	# 3-4	Noods Cleaned + Dusted	Cleaned + Dusted
3.	# 4R OCHY1	Scrap Cut	Bolted + Reflectors
4.	# 5R 20502	Part Bolted	Reflectors
5.	# 6 ✓	Noods Cleaned	Cleaned + Dusted
6.	# 7 ✓	Bob in face	loaded out
7.			
8.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	1-7	7-730am	OCHY1	11.			
2.				12.			
3.	1-7	9-930A	O	13.			
4.				14.			
5.	1-7	11-1130am	O	15.			
6.				16.			
7.	1-7	1-130pm	O	17.			
8.				18.			
9.	1-7	2-230pm	O	19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	Lt. Return	715am	OCHY1	6.	L Return	203pm	O CHY1
2.	Rt. Return	728am	O	7.	R Return	224pm	O
3.	Lt. Return	1105am	O	8.			
4.	Rt. Return	1126am	O	9.			
5.				10.			

Number of Bolts Tested Resin-6
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 5 Sect 19 RCP at

649 AM
B. M. Bony Assistant Mine
1122-A Certificate No.
[Signature] Mine Foreman-Mine Manager
3 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 8-25-09 20. Section or Area Examined 3 section
Time of Examination: from 2:00 or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes. no.
By whom B. Bowling Time 3:18 PM P.M.
Report received by [Signature] 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include #1 Face, #2, #3, #3 Left, #4 Face, #5 Face, #5 Right, #6 Face, #7 Face.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements for Left 205 and Right 205.

Remarks: 0% CH4 0% CO 20.8% O2 detected
Chairs, tunnelways, haulways, power lines safe at open
outby chamber ok at man
intake phone ok at open

Section made additional cleaning & dusting

This is to certify that: (a) this section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 4667-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3506002
Assistant Foreman [Signature] Certificate No. 1122-A
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 8.25 Shift Evening Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>CH4 0%</u>	<u>Corrected</u>
2. <u>2</u>	<u>" "</u>	
3. <u>3</u>	<u>" "</u>	
4. <u>3L</u>	<u>N. Bolted</u>	
5. <u>4</u>	<u>N/O</u>	
6. <u>5</u>	<u>N/O</u>	
7. <u>SR</u>	<u>Scrap / ledge</u>	
8. <u>6x7</u>	<u>N/O</u>	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>436-500</u>		11.		
2.			12.		
3. <u>1-7</u>	<u>630-700</u>		13.		
4.			14.		
5. <u>1-7</u>	<u>830-900</u>		15.		
6.			16.		
7. <u>1-7</u>	<u>1030-1100</u>		17.		
8.			18.		
9. <u>1-7</u>	<u>1200-1230</u>		19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Rt. Ret.</u>	<u>800</u>	<u>0%</u>	6.		
2. <u>" "</u>	<u>1200</u>	<u>"</u>	7.		
3. <u>Lft. Ret.</u>	<u>810</u>	<u>0%</u>	8.		
4. <u>" "</u>	<u>1210</u>	<u>"</u>	9.		
5.			10.		

Number of Bolts Tested Resin
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) Went over roof control plan w/ entire crew - buddy check on SCSH.

By 1068
Assistant Mine

1662-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

03000
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 Dus 25 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:30 a.m. or 11:00 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Gato Time 11:14 P.M.
 Report received by Jeremy Bushduff
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-6R ch⁴0.0%</u>	<u>Scrap</u>	<u>Reflector off</u>
2. <u>2-3-4-6</u>	<u>None observed</u>	<u>NONE</u>
3. <u>5</u>	<u>Part Bolted</u>	<u>Reflector off</u>
4. <u>7</u>	<u>none observed</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. <u>2</u>	<u>3 Damage Bolts</u>	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>24,308</u>	_____	_____
<u>Rt LOB</u>	<u>20,440</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: ch⁴ 0.0% CO 0% O₂ 20.8% at time of exam

Outby Chamber OK.

Powercenter, chargers, Travelways clear at time of exam
Section needs add cleaning

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1662-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 1759-A
 _____ 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 Aug 26, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. -----		
2. -----		
3. -----		
4. -----	<u>Section Idle</u>	
5. -----		
6. -----		
7. -----		
8. -----		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0%</u>		11. -----		
2. <u>CO</u>	<u>0%</u>		12. -----		
3. <u>O₂</u>	<u>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. <u>7</u>	<u>5:04</u>	<u>0.0%</u>	6. -----		
2. <u>1</u>	<u>5:53</u>	<u>0.0%</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) -----

[Signature]
Assistant Mine

17597A
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 8-28-09 20. Section or Area Examined 3 Section
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jaramony Burroughs Time 6:00 A.M. P.M.
Report received by Rick Bate
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. B. #1 X.R. <u>O'ch₄</u>	<u>not bolted</u>	<u>reflects</u>
2. #2. entry <u>O'ch₄</u>	<u>none observed</u>	<u>none</u>
3. #3. entry <u>O'ch₄</u>	<u>needs additional dust</u>	<u>reported</u>
4. #4. entry <u>O'ch₄</u>	<u>bolt cut in face</u>	<u>reflects</u>
5. #5. entry <u>O'ch₄</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
6. #5 X. Right <u>O'ch₄</u>	<u>6" to 7" wide</u>	<u>reported</u>
7. #6. entry <u>O'ch₄</u>	<u>missing bolts in face</u>	<u>reflects</u>
8. <u>also 3 wide bolts 1 X cut out</u>	<u>cut out</u>	<u>reflects</u>
9. #7. entry <u>O'ch₄</u>	<u>got in face</u>	<u>reported</u>
10. 1 X right <u>O'ch₄</u>	<u>2 damaged bolts 2 loose bolts</u>	<u>reflects</u>

Air Measurements

Location	CFM	Location	CFM
<u>left 1 O.X. cut</u>	<u>25,061</u>		
<u>right 1 O.X. cut</u>	<u>29,782</u>		

Remarks: 20.8% O₂, 0% ch₄, 0% CO. Truck, travelways,
power center, sweep chaper 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 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 Jaramony Burroughs 1759-A Certificate No. 3206000
Countersigned Rick Bate Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1122-A
Assistant Foreman
Superintendent or Assistant

Date 8-26-9 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1-6R	Not Bolted	Bolted + Reflectors
2. #3-5 OCHyl	Needs cleaned + dusted	Cleaned + dusted
3. #4 20802	Bolt in face	Spotted Bolt
4. #5R	Wide Bolt	Spotted Bolt
5. #6	Bolts cut out	Spotted 8 Bolts
6. #1R outby	Damaged Bolts	Spotted 3 Bolts
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-730am	OCHyl	11.		
2.			12.		
3. 1-7	9-930am	O	13.		
4.			14.		
5. 1-7	11-1130am	O	15.		
6.			16.		
7. 1-7	1-130pm	O	17.		
8.			18.		
9. 1-7	2-230pm	O	19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	704am	OCHyl	6. Lt. Return	232pm	OCHyl
2. Rt. Return	727am	O	7. Rt. Return	252pm	O
3. Lt. Return	1107am	O	8.		
4. Rt. Return	1123am	O	9.		
5.			10.		

Number of Bolts Tested Resin-7
 Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 4 sect 16 RDP at 653 AM.

Blanch Perry 1122-A _____
 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 8-26-09 20 Section or Area Examined 3 Section
Time of Examination: from 2:30 a.m. or P.M. to 3:00 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom Brandon Bowling Time A.M. 3:20 PM
Report received by Mark Miller
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry, O'Leary	part bolted	reflected
2. #2 & #3, O'Leary	needs cleaned & dusted	reported
3. #4 entry, O'Leary	scraps cut	reflected
4. #5, #6, & #7, O'Leary	none observed	none
5. #6 X right, O'Leary	not bolted	reflected
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left h. O. X. cut	23,800		
right h. O. X. cut	22,020		

Remarks: 20.9% O₂, O'Leary, O'Leary, truck, trackways
power center, scoop shaper down at time of exam
Shells down at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Brandon Bowling 1122-A Certificate No. 330000
Countersigned Mark Miller Mine Manager - Mine Foreman Assistant Foreman 1162-A Certificate No.
Assistant Foreman
Superintendent or Assistant

Indelible
Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

8.26

Shift

Evening

Area or Section

3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1	P. Bolted	Corrected
2 & 3	N/C/O	S
4	Scrap	
5, 6, 7	N/O	
6R	N. Bolted	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-7	500-530	0%	11.		
1-7	700-730	0%	12.		
1-7	900-930	0%	13.		
1-7	1200-1230	0%	14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Rt. Ret	800	0%	6.		
" "	1200	11	7.		
Lft. Ret	810	0%	8.		
" "	1210	11	9.		
			10.		

Number of Bolts Tested Resin
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) went over roof control plan w/entire crew - buddy check 3CR.

[Signature] Assistant Mine 16627A 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 Aug 28 09 Section or Area Examined 3-Section
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Sold Time A.M P.M.
Report received by Jeremy Burghdoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. Handwritten entries include: 1. Ch 4.0% N/A/D Reported; 2. N/A/D None; 3. N. Bolted Reported/Ref.; 4. N/A/D None; 5. N/C/D Reported; 6. N/A/D None; 7. Scrap Reflectors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entries: Lt LOB 24,220; Rt LOB 21,880.

Remarks: Ch 4.0% CO 0.9% O2 20.8% at time of exam

Powercenter, chargers, travelways clear at time of exam

outby Chamber 09

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

Signed By [Signature] 1662-A Certificate No. [Signature] 1789A 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 Aug 27, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. -----	-----	-----
2. -----	-----	-----
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. <u>1-2-3-5-6</u>	<u>needs Dusted</u>	<u>Dusted.</u>
7. -----	-----	-----
8. -----	-----	-----

Section Idle

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch 4</u>	<u>0.0%</u>	-----	11. -----	-----	-----
2. <u>CO</u>	<u>0%</u>	-----	12. -----	-----	-----
3. <u>O2</u>	<u>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. <u>7</u>	<u>5:01 AM</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>1</u>	<u>5:59 AM</u>	<u>0.0%</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)

[Signature] Assistant Mine 1789A Certificate No. [Signature] Mine Foreman-Mine Manager 3500000 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-27 2009 Section or Area Examined #3 section
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes X No
By whom Jeremy Burghoff Time 6:02 P.M.
Report received by Brad Boyer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry (Scrap Cut, Reflectors), #2 (Needs Cleaned + Dusted, Reported), #3 (Needs Cleaned + Dusted, Reported), #3 20.8 (Not Bolted, Reflectors), #4 (Needs Cleaned + Dusted, Reported), #5 (None observed, Reported), #6 (Needs Cleaned + Dusted, Reported), #6R (Scrap Cut, Reflectors), #7 (606 in face, Reported).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include LLOB (25,099), RLOB (21,640), OCHYI (20.802).

Remarks: Power Corted, Chargers, Travelways, Outby Shelter. OK at time of Exam. OCHYI. 20.802

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

Signed By Jeremy Burghoff 1759-A Certificate No. Brad Boyer Assistant Foreman 1122-4 Certificate No.
Countersigned Brad Boyer 3900000 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 8-27-9 Shift Day Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	# 2-3-4-6	Needs cleaned & dusted	Cleaned & Dusted
2.	# 1-6R	Scrap Cuts	#6 Bolted & Reflectors
3.	# 3	Not Bolted	Reflectors
4.			
5.	# 3-2	Damaged Bolts	Spotted 34 Bolts
6.	#6 Scoop Roadway	Wide Bolts	Set 5 Timbers
7.	# 1 Entry	Scrap Cut	Reflectors
8.	Feeder	Wide Bolts	set 2 sand jacks

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-7:30am	OCHV	11.		
2.			12.		
3. 1-7	9-9:30am	O	13.		
4.			14.		
5. 1-7	11-11:30am	O	15.		
6.			16.		
7. 1-7	1-1:30pm	O	17.		
8.			18.		
9. 1-7	2:30-3pm	O	19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	7:10am	O	6. Lt. Return	2:31pm	OCHV
2. Rt. Return	7:24am	O	7. Rt. Return	2:55pm	O
3. Lt. Return	11:03am	O	8.		
4. Rt. Return	11:26am	O	9.		
5.			10.		

Number of Bolts Tested Resin - 4
 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)

at 6:51 AM.
Brush Bay 1122-A
 Assistant Mine Certificate No. _____ Mine Foreman-Mine Manager Certificate No. _____ Superintendent or Assistant

Pg. 5 Sect. 17 of RCP

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-27-09 20 Section or Area Examined #3 Section
Time of Examination: from 2:30 or p.m. to 3:30 or p.m.
Was this report phoned to outside: Yes no
By whom BBW:NG Time A.M. 3:20 P.M.
Report received by S. Halstead (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
#1 Entry	0%	NONE OBSERVED Scrap CUF	NONE Reflectors
#2 Entry	0%	NONE OBSERVED	NONE
#3 Entry	0%	Not Bolted	Reflectors
#4 Entry	0%	NONE OBSERVED	NONE
#5 Entry	0%	Not Bolted	Reflectors
#6 Entry	0%	Needs Cleaned	Reported
#7 Entry	0%	NONE OBSERVED	NONE
8.			
9.			
10.			

Air Measurements

Location CFM Location CFM

Left LOB	24,880		
Right LOB	20,056		

Remarks: Power Center, Chargers, track, travelways + Haulways clear time of Exam
0% CH₄, 20.8% O₂, 0ppm CO time of Exam
Cubby Chamber clear time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Brad Bowry 1122-A Assistant Foreman
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 8-27 Shift Evening Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>CL 40%</u>	<u>Scrap</u>
2. <u>2</u>	<u>N/O</u>	<u>Corrected</u>
3. <u>3</u>	<u>N. Bolted</u>	<u>None</u>
4. <u>4</u>	<u>N/O</u>	<u>Reflectors</u>
5. <u>5</u>	<u>N. Bolted</u>	<u>Corrected</u>
6. <u>6</u>	<u>N/C</u>	
7. <u>7</u>	<u>N/O</u>	
8. _____		

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>1030-1100</u>	<u>0%</u>	17. _____		
8. _____			18. _____		
9. <u>1-7</u>	<u>11:30-1200</u>	<u>0%</u>	19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret. Ret.</u>	<u>800</u>	<u>0%</u>	6. _____		
2. <u>" "</u>	<u>1200</u>	<u>11</u>	7. _____		
3. <u>Lft. Ret</u>	<u>810</u>	<u>0%</u>	8. _____		
4. <u>" "</u>	<u>1210</u>	<u>11</u>	9. _____		
5. _____			10. _____		

Number of Bolts Tested Resin
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) Went over roof control plan of entire crew - buddy checked S.C.S.R.

[Signature] Assistant Mine 1442-A Certificate No. [Signature] Mine Foreman-Mine Manager 32222 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Aug 27 2009 Section or Area Examined 3-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 [checked] no
By whom Steve Cole Time A.M. 11:15 P.M.
Report received by Jeremy Bugdoll (Signed)

Violations and other Hazardous Conditions Observed and Reported
Location Not Bolted SC Violation or Hazardous Condition Action Taken

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. Row 1: 1-2-3-4 ch 40.0% none observed, none. Row 2: 4R Demerged Bolts, Reported and Marked. Row 3: 5 needs cleaned and dusted, Reported. Row 4: 6 Scrap Cut, Reflector off. Row 5: 7 Part Bolted, Reflector off.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Lt 25,160. Row 2: Rt 22,390.

Remarks: ch 40.0% CO2 20.8% at time of exam.
Powercenter, chargers, travelways clear at time of exam.
Outby Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1662-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 1759-A
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. _____	Section Idle	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. CH ₄	0.0%	_____	11. _____	_____	_____
2. CO	0%	_____	12. _____	_____	_____
3. O ₂	20.8%	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

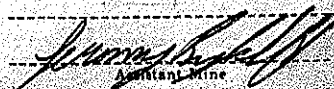

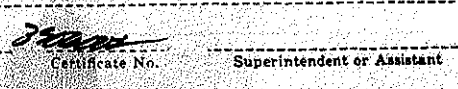
Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. 7	5:21 AM	0.0%	6. _____	_____	_____
2. 1	5:59 AM	0.0%	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
 179-A Certificate No.
 Mine Foreman-Mine Manager
 3200 Certificate No.
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-28 2009 Section or Area Examined #3 section
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Burghoff Time 6:05 A.M. P.M.
 Report received by Branch Bong (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
# 1 Entry	Scrap Cut	Reflectors
# 2-4	None observed	Reported
# 3-5	Needs cleaned + Ousted	Reported
# 6 OCH4!	Scrap Cut	Reflectors
# 7R 20.802	Part Bolted	Reflectors
# 7	Not Bolted - Gob	Reflectors

Air Measurements

Location	CFM	Location	CFM
LLOB	25,011		
RLOB	22,092		
OCH4!			
20.802			

Remarks: Power Center
Travelways
Chargers
Outby Chamber
Section needs Add cleaning - Haul roads
OCH4! 20.802
 OK at time of exam.

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

Signed By Jeremy Burghoff Certificate No. 1759A
 Preshift-Mine Examiner
Branch Bong Assistant Foreman Certificate No. 1122-A
 Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-28-9 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include #1-6, #3-5, #7R, #7 with violations like Scrap cuts, Needs cleaned + dusted, Part Bolted, Not Bolted - Gobs and actions like Corrected, Reflectors.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries for locations 1-7 with times like 7:15-7:45 and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries for Lt. Return and Rt. Return with times like 8:00 and 0% methane content.

Number of Bolts Tested Resin-3 Number of Bolts Torqued Above Range Below Range

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

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

w/ active crew - buddy check SCSR went over roof control plan

Signatures and Certificate Numbers for Assistant Mine Foreman, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8.28 20 09 Section or Area Examined 3-Section
Time of Examination: from 230 a.m. or (p.m.) to 300 a.m. or (p.m.)
Was this report phoned to outside: Yes no X
By whom Brought out Time 3:30 A.M. P.M.
Report received by (Signed) J. H. [Signature]

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	Scrap	Reported/Reflectors
2-3	N/O	
4	Scrap	
5	N/O	
6	N/O	
7	P. Bolted	
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Rt.	23,690		
Lft 1	26,320		

Remarks: P.C. Chargers Travel ways Outby Chamber All clear at time of exam 20.8% O₂

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1662-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 350000
Assistant Foreman [Signature] Certificate No. 1662-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-28 Shift Evening Area or Section < 3 sect

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap</u>	<u>Reflectors</u>
2. <u>2-3</u>	<u>N/O</u>	<u>None</u>
3. <u>4</u>	<u>Scrap</u>	<u>Corrected</u>
4. <u>5</u>	<u>N/O</u>	<u>None</u>
5. <u>6</u>	<u>N/O</u>	<u>None</u>
6. <u>7</u>	<u>P. Bolted</u>	<u>Corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>445-515</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>645-715</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>845-915</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1045-1115</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>Rt. Ret</u>	<u>800</u>	<u>0%</u>	6. _____	_____	_____
2. <u>" "</u>	<u>1200</u>	<u>0%</u>	7. _____	_____	_____
3. <u>Lft. Ret</u>	<u>810</u>	<u>0%</u>	8. _____	_____	_____
4. <u>" "</u>	<u>1210</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested Resin
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) wait over roof control plan w/ entire crew - buddy checked on SCSR.

[Signature]
Assistant Mine

1062-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

[Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Aug. 28 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:15 a.m. or p.m. to 10:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Gold Time A.M. 11:21 P.M.
Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1-4	Chibots Scrap Cut	Reflector off
2-5-6	None observed	None
3	Not Bolted	Reflector off
SR	Part Bolted	Reflector off
7	Needs Add Cleaning	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
4	23,290		
RT	22,240		

Remarks: CH₄ 0.09% CO 0% O₂ 20.89% at time of exam.
Powercenter, chargers, travelways clear at time of exam.
Outby Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 11662-10
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 17591A
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 Aug 29, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 4 contains handwritten text 'Section Idle'.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for locations 1-2.

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)

Signatures and Certificate Numbers for Assistant Mine, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-29-09 Section or Area Examined #3 section
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside Yes X no
By whom Jeremy Burghoff Time 6:00 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains entries for #1 Entry (Scrap cut), #2-3-3R-4-4R-5-6 (Needs cleaned + dusted), #6L (DCHYI, Five Damaged Bolts), #7R (20.802 Part Bolted), #7 (Needs cleaned + dusted).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L LOB (22,978), R LOB (20,073), and DCHYI (20.802).

Remarks: Power Center, Travelways, Chargers, Outby Chamber. OK at time of exam, DCHYI. 20.802

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

Signed By [Signature] Certificate No. 1759A Assistant Foreman [Signature] Certificate No. 1122-A
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-29-9 Shift DAY Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 Entry	Scrap cut	Bolted + Reflectors
2. #2-3-3R-4-4R-5-6-7	Needs Cleaned + Dusted	Cleaned + Dusted
3. #6L OCH ₄	Fire Damaged Bolts	Spotted 6 Bolts
4. #7R	Put + Bolted	Bolted + Reflectors
5. #7	Needs Cleaned + Dusted	Cleaned + Dusted
6. #2 Int	Wide at Linby Corner	Set 2 Cribs
7. #3L CC	Spotted 6 Damaged Bolts	Put up 6 Bolts
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-730AM	0 OCH ₄	11.		
2. 1-7	9-930AM	0	12.		
3. 1-7	11-1130AM	0	13.		
4. 1-7	1-130PM	0	14.		
5. 1-7	2-30-3PM	0	15.		
6. 1-7			16.		
7. 1-7			17.		
8. 1-7			18.		
9. 1-7			19.		
10. 1-7			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	704AM	0 OCH ₄	6. Lt. Return	235PM	0 OCH ₄
2. Rt. Return	726AM	0	7. Rt. Return	250PM	0
3. Rt. Return	1107AM	0	8.		
4. Lt. Return	1125AM	0	9.		
5.			10.		

Resin - 8

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) Pg. 3 sect A RCP
at 648 AM

Derek Perry Assistant Mine 1122-A Certificate No. Carl Mine Foreman-Mine Manager 3200 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-29-09 Section or Area Examined #3 section
Time of Examination: from 7:30 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Brought Out Time A.M. 3:30 P.M.
Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2 Entries	None Observed	Reported
2. #3+3R	OCHV Needs Cleaned + Dusted	Reported
3. #4 Entry	20802 Needs Cleaned	Reported
4. #5+6 Entries	None Observed	Reported
5. #7P	Needs Cleaned	Reported
6. #7 cutback	Not Bolted	Reflectors
7.		
8.		
9.		
10.		

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
LLOB	24,320		
RLOB	20,120		
OCHV			
20802			

Remarks: Power Centers
Tramways OK at time of exam.
Chargers
Outby Shelter OK
OCHV 20802

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

Signed By Brought Out 1122-A Assistant Foreman Certificate No. 1662-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 320601
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 8-29 Shift Evening Area or Section 3-Section

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>Corrected</u>
2. <u>3+3R</u>	<u>N/C/D</u>	
3. <u>4</u>	<u>N/C</u>	
4. <u>5+6</u>	<u>N/O</u>	
5. <u>7R</u>	<u>N/C</u>	
6. <u>7</u>	<u>N.B</u>	
7. _____	_____	
8. _____	_____	

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>1030-1100</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>Rt. Ret</u>	<u>800</u>	<u>0%</u>	6. _____	_____	_____
2. <u>l. Ret</u>	<u>1200</u>	<u>0%</u>	7. _____	_____	_____
3. <u>Lft. Ret</u>	<u>810</u>	<u>0%</u>	8. _____	_____	_____
4. <u>l. Ret</u>	<u>1210</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested Resin
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) went over roof central plan u/lentire crew - buddy check SCSR.

S. J. [Signature] Assistant Mine 1662-A Certificate No. [Signature] Mine Foreman-Mine Manager 37000 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 8-29-09 Section or Area Examined 3-Section
Time of Examination: from 1030 a.m. or p.m. to 1100 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Brought out Time A.M P.M.
Report received by Steve Cole (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes handwritten entries like 'CH4 0%', 'NONE/O', 'N/O', 'P. Bolted', 'N/O', 'N/O Cabin face', 'Gob in Face', and 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten entries: Rt. LOB 23,120; L Ft. LOB 25,105.

Remarks:

P.C.
Chargers
Tramways
Out by Chamber
All clear at time of exam
20.8% O2

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

Signed By [Signature] Certificate No. 1662A
Assistant Foreman [Signature] Certificate No. 1662A
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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

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

Examinations for Methane in Return Aircourses					
Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-31 2009 Section or Area Examined B-Section
 Time of Examination: from 3:30 a.m. or 4:00 a.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time 7 A.M. P.M.
 Report received by Jeremy Burgholtz
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1		
2		
3		
4		
4R	Section Idle	
5		
6		
6	No Power	
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Rt LOB	23,782		
Lft LOB	21,460		

Remarks: CO 0.90 CH4 0.0% O2 20.8% at time of exam
Powercables, chargers, travelways clear at time of exam.

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

Signed By Jeremy Burgholtz 1759-A Certificate No. 390622
 Preshift-Mine Examiner Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-31-09 20 Section or Area Examined 3 section
Time of Examination: from 1:25 or p.m. to 2:15 or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10 detailing face inspections and conditions like 'None observed', 'Scrap', 'Needs cleaned & dusted', 'Port Belted', 'Cabin face, mining & damaged belt', 'Get in face dustly'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements for Left L.O.B (11,040 CFM) and Right L.O.B (3,969 CFM).

Section idle this shift

Remarks: 0% CH4 0% CO 20.8% O2 detected
Track, haulage, changed span rods, rope at eye
Intake phone at at eye
Dustly chamber at at eye, Detector brought right for calibration reported to E.V. sign
water building up behind span box (using discharge to pump section needs add cleaning & dusting)

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

Signed By [Signature] Certificate No. 32261
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 570000

St. G. B. 11627

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-31-07 20. Section or Area Examined #3 Section
Time of Examination: from 8:00 a.m. or P.M. to 8:30 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry, #2 Entry, #3 Entry, #4 Entry, #4 Right, #5 Entry, #6 Entry, #7 Entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Left Log (15,740) and Right Log (33,500).

Remarks: OK CO, OK CH4, 20.8% O2 detected at time of exam
Truck, Tractor, power tools, charges OK at time of exam
ID IS THIS SHIFT
Section needs All. cleaning & Dusting

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

Signed By Steve Gfleh Preshift Mine Examiner Certificate No. 39042
Countersigned John A. Beckford Mine Manager - Mine Foreman Assistant Foreman Certificate No. 26172
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sept 1 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0%</u>		11.		
2. <u>CO</u>	<u>0%</u>		12.		
3. <u>O₂</u>	<u>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. <u>7</u>	<u>5:57 AM</u>	<u>0.0%</u>	6.		
2. <u>1</u>	<u>5:00 AM</u>	<u>0.0%</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) _____

[Signature]
Assistant Mine

1089A
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 ~~Dec 31~~ Sept. 1 09 Section or Area Examined 3-section
Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jeremy Burghoff Time 610 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 Entry	None Observed	Reported
2. #2	Scrap Cut	Reflectors
3. #3-4-5	Needs cleaned + dusted	Reported
4. #6 OCH4!	Damaged Bolts (Face)	Reflectors
5. #7 20.802	None Observed	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	25,078		
R LOB	22,052		
OCH4!			
20.802			

Remarks: Power Center
Travel ways
Chargers
Outby shelter
sect. needs Add cleaning
OCH4! 20.802
OK at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift Mine Examiner Certificate No. 1755-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 1122-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2 Entry	Scrap cut	Reflectors
2. #3-4-5 OCHYI.	Necks Cleaned + Dusted	Repaired - working on it
3. #6 20.802	Damaged Bolts / Face	Spotted 6 Bolts
4. #4 Entry - Face	Four damaged bolts	Spotted 4 Bolts
5. #4 Inby R-Corner	Corner not bolted	Spotted 2 Bolts
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7-730AM	0 CHYI.			
2.					
3. 1-7	9-930AM	0			
4.					
5. 1-7	11-1130AM	0			
6.					
7. 1-7 BB					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	703AM	0 CHYI.			
2. Rt. Return	726AM	0			
3. Lt. Return	1101AM	0			
4. Rt. Return	1128AM	0			
5.					
6.					
7.					
8.					
9.					
10.					

Number of Bolts Tested Resin - 3
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) pg. 5 sect. 18 RCP at 655AM
Methane Dist Plans mmvuy mmvbs Crew pulled out early at 1150 AM. Fed. Insp.

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-1-09 20 Section or Area Examined Section
Time of Examination: from 8:30 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ 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>Safon Isle</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0264 06 CO 20 8607

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

Signed By _____ Freshift-Mine Examiner Certificate No. _____
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman Certificate No. P 374
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sept 2 2009 Section or Area Examined 3-Sections
 Time of Examination: from 3:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by Jeremy Burghoff
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: Powercenters, Chargers, travelway clear and free of exam.

CH 0.09% CO 0.9% O₂ 20.8%

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

Signed By Jeremy Burghoff 1759A Assistant Foreman Certificate No. 3506000
Preshift-Mine Examiner
 Countersigned Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-2-09 20 09 Section or Area Examined #3 section
 Time of Examination: from 7:44 a.m. or p.m. to 10:44 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Foster Time 10:50 A.M. P.M.
 Report received by Chris Blanchard 37243
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry <u>CH4 0.0%</u>	<u>None observed</u>	<u>None</u>
2. #2 entry	<u>Not Bolted</u>	<u>Reflected</u>
3. #3 entry	<u>None observed</u>	<u>None</u>
4. #4 entry	<u>None observed</u>	<u>None</u>
5. #5 entry	<u>scrap cut</u>	<u>Reflected</u>
6. #6 entry	<u>None observed</u>	<u>None</u>
7. 6 Right	<u>Not Bolted</u>	<u>Reflected</u>
8. #7 entry	<u>None observed</u>	<u>None</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Left Lob</u>	<u>9,679</u>	_____	_____
<u>Right Lob</u>	<u>16,132</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: No CH4 No CO 20.802 intake phone + outby chamber OK
at time of exam

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

Signed By Rick Foster Certificate No. 25736 Assistant Foreman _____ Certificate No. _____
 Countersigned Chris Blanchard Mine Manager - Mine Foreman Certificate No. 372-13
Chris Blanchard Assistant Foreman Certificate No. 390600
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-2-09 20. Section or Area Examined #3 Section
 Time of Examination: from 11:00 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	Copy	Violation or Hazardous Condition	Action Taken
1. #1 Face	0%	None observed	None
2. #2 Face	0%	Not drilled	Reflector hung
3. #3 Face	0%	None observed	None
4. #4 Face	0%	None observed	None
5. #5 Face	0%	Scrap out	Reflector hung
6. #6 Face	0%	None observed	None
#6 Right	0%	Not drilled	Reflector hung
8. #7 Face	0%	None observed	None
9.			
10. #3-4 Vent	0%	Needs cleaned	Reported

Air Measurements

Location	CFM	Location	CFM
Left 208	17,616		
Right 208	32,130		

Remarks: 0% CH₄, 0% CO, 20.8% O₂ detected
haulways, changes, repairs. No signs of gas
Intake up on at at span
Dutty chamber at at span

Section was idle this shift

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

Signed By Tom Wagner Preshift Mine Examiner Certificate No. 32261
 Countersigned Mike Hill Mine Manager—Mine Foreman Certificate No. 310000
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-2-07 20 Section or Area Examined 3 Section
Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. 11:10 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section, JOLE, No work.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple empty rows for data entry.

Remarks: OK CH4, OK CO, 22.8% O2 detected at time of exam
Tracks, Travel ways, power lines, chargers, props OK at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 175512
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 3501022
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Sept. 3 20 09 Section or Area Examined S-Section
Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out
Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: CH⁴ 0.0% CO 0% O₂ 20.8% at time of exam
Powercenters, charges, travelways clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jeremy Burghoff Preshift Mine Examiner Certificate No. 1559-A
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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sept 3 2009 Section or Area Examined 3-sections
Time of Examination: from 2:54 a.m. or p.m. to 8:58 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon Bowling Time 8:58 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'N/D', 'Scrap cut', '4 cut out bolts', 'Needs cleaned + dusted', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L LOB' (17820) and 'R LOB' (24840).

Remarks: Outby chambered ok, Travelway behind #5 entry by boot deep water, #5 entry needs jack set by right rib, chargers, power center clear at time of exam

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

Signed By Brandon Bowling 1122-A Assistant Foreman 38459
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-3 Section or Area Examined #3 Section
 Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Brought outside Time 300 A.M. P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 Entry OCH ₄ !	None Observed	Reported
#2 20.802	Scrap Cut	Reflectors
#3 L CC	Four Damaged Bolts	Reflectors
#3+4	Needs Cleaned + Dusted	Reported
#5	Scrap Cut	Reflectors
#6	None Observed	Reported
#6 R CC	Not Bolted	Reflectors
#7	Needs Cleaned	Reported
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LLOB	28,160		
RLOB	25,740		
OCH ₄ !			
20.802			

Remarks: Power Center } OK at time of exam.
 Chargers }
 Outby Shelter } OCH₄! 20.802
 Section IS Idle.
 Break #15 - loose Coal-Rock Rib along R-side of track.
 Dangered off. BB

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

Signed By Brush Perry 1122-A Assistant Foreman Certificate No. _____
 Countersigned Bob Lab Mine Manager—Mine Foreman Certificate No. 3306022
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-3-9 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section idle		
2. No production		
3. OCH ₄ 20.802		
4. #5 Entry Track	Build up of water	Pumped water down
5. Behind Power Center	is out by heading	
6. #5 #16 brk	loose Coal rock Rib	Set six Sandpicks
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:20pm	0 CH ₄ %			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	10:55pm	0 CH ₄ %			
2. Rt. Return	1:53pm	0			
3.					
4.					
5.					

Number of Bolts Tested 0
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) _____

Burch May Assistant Mine 1122-A Certificate No. Cash Mine Foreman-Mine Manager 390000 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-3-07 Section or Area Examined #3 Section
 Time of Examination: from 8:30 a.m. or 9:30 a.m. or 10:00 a.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time 10:40 AM
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. #1 Entry	OX	None observed	None
2. #2 Entry	OX	Scrap cut	Reflected
3. #3 Entry	OX	None observed	None
4. #4 Entry	OX	Needs cleaned	Reported
5. #5 Entry	OX	Scrap cut	Reflected
6. #6 Entry	OX	Needs cleaned	Reported
7. #6 Right	OX	Not bolted	Reflected
8. #7 Entry	OX	None observed	None
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L. L.O.3.	16,650		
A. L.O.3.	21,270		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OX CH₄, OX CO₂, 20.8% O₂ detected at time of exam
Track Travelways, powerlines, chargers OK at time of exam

Section #3 Road ways need cleaned & Add. Dusting

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

Signed By Steve Glick Preshift-Mine Examiner Certificate No. 39042
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 530000
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Sep 4 2009 Section or Area Examined 3-section
 Time of Examination: from 3:00 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time AM P.M.
 Report received by Jeremy Burghoff
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Ch⁴ 0.0%</u> <u>none observed</u>	<u>none</u>
2. <u>2-5-GR</u>	<u>Scrap cut</u>	<u>Reflector off</u>
3. <u>3</u>	<u>Needs Add Cleaning</u>	<u>Reported</u>
4. <u>4</u>	<u>Needs Add Cleaning</u>	<u>Reported</u>
5. <u>6</u>	<u>Needs Cleaned and Dusted</u>	<u>Reported</u>
6. <u>7</u>	<u>Missing Bolts on Right side over 4' from Rib, wide Bolts, 1 broke Bolt</u>	<u>Reported, marked</u>
7. <u>GR outby</u>	<u>Wide Bolts, Damaged Bolts</u>	<u>Reported, marked</u>
8. <u>6 1/2' outby</u>	<u>4 wide Bolts</u>	<u>Reported, marked</u>
9. <u>SR</u>	<u>Broke and Damaged Bolts</u>	<u>Reported, marked</u>
10. <u>5-4CC-3' outby, 3CC, 3L</u>	<u>Broke, Damage, wide Bolts</u>	<u>Reported, marked</u>

Air Measurements

Location	CFM	Location	CFM
<u>Lt. LOB</u>	<u>23,422</u>		
<u>Rt LOB</u>	<u>20,169</u>		

Remarks: Ch⁴ 0.0% CO₂ 20.8% at time of exam.

Powercenter, chargers, travelways clear at time of exam
Outby Chamber OK
Haulways need cleaned

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

Signed By Jeremy Burghoff 1759A Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager - Mine Foreman 354
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-4-69 20. Section or Area Examined 3 sections
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 _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Location	CFM	Violation or Hazardous Condition	Action Taken
1. #1 Face	0%	None observed	None
2. #2 Face	0%	Not dusted	Reflected away
3. #3 Face	0%	Needs cleaned & dusting	Reported
4. #3-4 Xcut	0%	Some damaged bolts & needs cleaned	Reported
5. #4 Face	0%	Needs cleaned & dusted	Reported
6. #5 Face	0%	Scrap cut	Reflected away
7. #6 Right Face	0%	Not dusted	Reflected away
8. #6 Right Xcut	0%	Needs cleaned & dusted	Reported
9. #7 Face	0%	Needs add cleaning	Reported
10.			

Air Measurements			
Location	CFM	Location	CFM
Right 205	15,450		
Right 205	20,250		

Remarks: 0% CH₄ 0% CO 20.5% O₂ detected
charges, track, haulways, chaulways, power lines safe at some
intake phone ok at some
Dusty chamber ok at some
Some damaged bolts 3, 4, 5, 6 face areas (marked)
Station needs add cleaning & dusting

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 39261 Assistant Foreman [Signature] Certificate No. 1662A
Countersigned [Signature] Mine Manager—Mine Foreman 39000-0
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-4

Shift

Evening

Area or Section

3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	n/o	Corrected
2. 2	N. Bolted	
3. 3	N.C.D.	
4. 3-4 xcut	Four dangly bolts N.C.	
5. 4	N/C/D	
6. 5	Scrap	
7. 6	N. Bolted	
8. 6R	N/C/D	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	500-530	0%			
2.					
3. 1-7	700-730	0%			
4.					
5. 1-7	900-930	0%			
6.					
7. 1-7	1100-1130	0%			
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Rt. Ret	800	0%			
2. " "	1200	0%			
3. Lft. Ret	910	0%			
4. " "	1210	0%			
5.					

Number of Bolts Tested Resin
 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): Went over roof control plan w/ entire crew - buddy checked SCL.

Assistant Mine [Signature] Certificate No. 1662-A
 Mine Foreman-Mine Manager [Signature] Certificate No. 3222
 Superintendent or Assistant [Signature]

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-5 2009 Section or Area Examined 3 Sec
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No Work</u>		
2. <u>No Work</u>		
3. <u>No Work</u>		
4. _____		
5. _____		
6. <u>No Power</u>		
7. <u>No Power</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: _____

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

Signed By _____
 Preshift-Mine Examiner
 Certificate No. _____
 Assistant Foreman
 Countersigned Charles Cook Mine Manager—Mine Foreman
 Assistant Foreman
Harley Taylor
 Certificate No. 37802
 Superintendent or Assistant
John A. Kelly 33472

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-5-09 Section or Area Examined 3 Section
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. No Work Idle, 2. No Power.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for air measurements.

Remarks:

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

Signed By John A. Burkhead 2617 Assistant Foreman Certificate No.
Countersigned [Signature] 330000 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 0800 Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-6-09 20. Section or Area Examined 3 Section
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. <u>NO WORK</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: Powercenter, chargers, track, TRAVELWAYS clear at time of EXAM
0% CH₄, 20.8% O₂, 0ppm CO at time of EXAM
Outby Chamber clear at EXAM time

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

Signed By Scott Habstead 37567 _____
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3706001 _____
Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-6-01 20 Section or Area Examined #3 Section
Time of Examination: from 6:00 a.m. or p.m. to 9:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Design dt Time 9:15 A.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten text: NO WORK SECTION IDLE

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Empty rows for recording measurements.

Remarks: Powercenters, Trac, Travelways, chargers, ok at time of exam
OK CH4, OK CO, 20.8% O2 detected at time of exam
* Trac is dangled off at 135ft!

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39042 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. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-7-04 20. Section or Area Examined #3 Section
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Drayton Time 4:20 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.	<u>NO work</u>	
3.		
4.		
5.	<u>SECTION IDLE</u>	
6.		
7.		
8.		
9.		
10.		

Location	Air Measurements		Location	CFM
	CFM			

Remarks: OK CH4, OK CO, 20.8% O2 detected at time of exam
Track, Trondheim, power cables, charges, ok at time of exam

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

Signed By Stan J. [Signature] Preshift Mine Examiner Certificate No. 39042
 Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 39042
 Assistant Foreman Superintendent or Assistant