

#3

14-GWM

5-25-2010

PRESHIFT - ONSHIFT and DAILY REPORT

Started 9-24-2009

Company Performance Coal

Mine UBB

SECTION #3

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-24 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>2H</u>	<u>outby Intersection 5 ^{Damaged} Bolts</u>	<u>Tagged</u>
3. <u>2, 2L</u>	<u>N/C</u>	<u>Corrected</u>
4. <u>4</u>	<u>1 Row Bolts short</u>	<u>Corrected</u>
5. <u>4R</u>	<u>Scrap</u>	<u>11</u>
6. <u>5, 6, 7</u>	<u>N/O</u>	<u>None</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. <u>1-7</u>	<u>700-730</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-7</u>	<u>900-930</u>	<u>0%</u>	13. _____	_____	_____
4. <u>1-7</u>	<u>1100-1130</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lft. Ret</u>	<u>800</u>	<u>0%</u>	6. _____	_____	_____
2. <u>" "</u>	<u>1200</u>	<u>0%</u>	7. _____	_____	_____
3. <u>Rt. 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 RCP Page # 5 Sector # 17

wentine crew - buddy check on SCSL

[Signature] Assistant Mine 1462-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Asst

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24-69 20 Section or Area Examined 3500
Time of Examination: from 9:30 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Glen Ollman Time A.M. 10:30 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 OZCHY	none observed	none
2. 2 OZCHY		
3. 2L OZCHY		
4. 3 OZCHY		
5. 4 OZCHY		
6. 4R OZCHY		
7. 5 OZCHY	not Bolted	Reflected
8. SR OZCHY	Part Bolted	✓
9. 6 OZCHY	cleaned Rusted	Reported
10. 7 OZCHY	none Observed	none

Air Measurements

Location	CFM	Location	CFM
LT	23140		
RT	20568		

Remarks: OZCHY OZCO 2018602
AC Chargers Travelways clear
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
Dan Allen 1539-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 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>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>5:51 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) _____

James Bell 1259A
Assistant Mine Foreman

John Cook
Mine Foreman-Mine Manager

James Bell
Superintendent or Ass

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-25 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 Jerome S. Kogoff Time 6:10 (A.M.) P.M.
Report received by Tim Williams
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 #2 #3 0% Ch4	needs cleaned dusted	Reported
#4	part bolted	Reflector off
#4 #5	need 1 row bolts	Reflector off
#6	NONE	" "
#7	job in face	" "
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Lt LOB 23,461			
Rt LOB 18,852			
0% Ch4 20.8% O2			
0% CO			

Remarks: Powerwater, travelways clear AT TIME OF EXAM
Outby chamber off Time 4:15 am

0% Ch4 20.8% O2 0% CO

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

Signed By Jerome S. Kogoff Certificate No. 1759-A
Preshift-Mine Examiner Assistant Foreman
Countersigned Tim Williams Certificate No. 1659-A
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 9-25 Shift DAY Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 #2 #3	needs cleaned & dusted	cleaned & dusted
2.	#2	part bolted	Bolt & cleaned
3.	#4 #5	needs 1 row bolts	Reported
4.	#6	none observed	Reported
5.	#7	Grab in face	cleaned & dusted
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:00-7:30 AM	0%	20.8% O ₂		
2.					
3. 1-7	9:00-9:30 AM	0%			
4.					
5. 1-7	11:00-11:20 AM	0%			
6.					
7. 1-7	1:00-1:30 PM	0%			
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	7:02 AM	0%	6. Lt Return	11:30 AM	0%
2. Rt Return	7:30 AM	0%	7.		
3. Lt Return	9:05 AM	0%	8. Lt Return	2:05 PM	0%
4. Rt Return	9:28 AM	0%	9. Rt Return	2:35 PM	0%
5. Pt Return	11:02 AM	0%	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) Page 5 section 16 RCP 6:50 AM

 Assistant Mine Foreman
 Mine Foreman
 Superintendent or Assistant

1659A
Certificate No.

350000
Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-25 Section or Area Examined 3 section
Time of Examination: from 205 a.m. or 245 p.m. to 245 a.m. or 205 p.m.
Was this report phoned to outside: Yes no
By whom Jim Williams Time 255 P.M.
Report received by George Curry 27429
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0% CH₄</u>	<u>none observed</u>	<u>none</u>
2. <u>0% CH₄</u>	<u>none observed</u>	<u>none</u>
3. <u>0% CH₄</u>	<u>3 damaged bolts at intersection</u>	<u>Reported</u>
4. <u>0% CH₄</u>	<u>none observed</u>	<u>none</u>
5. <u>0% CH₄</u>	<u>needs cleaned</u>	<u>Reported</u>
6. <u>0% CH₄</u>	<u>none observed</u>	<u>none</u>
7. <u>0% CH₄</u>	<u>SCRAP</u>	<u>Reported</u>
8. <u>0% CH₄</u>	<u>none observed</u>	<u>none</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Left LDB</u>	<u>21,140</u>		
<u>Right LOB</u>	<u>26,655</u>		

Remarks: 0% CH₄, 0% CO, 26.8% O₂ - tracks, travelways, p.c.s
chargers clear at time of exam
intake phone imperative
Air chamber clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jim Williams Certificate No. 1639A
Countersigned George Curry Assistant Foreman Certificate No. 27429
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 9.25 Shift Evening Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1,2,4,6,+7	None observed	None
2.	3	3 damage bolts @ intersection	Corrected
3.	5	Needs cleaned & dusted	Corrected
4.	6R	Scrap Cut	Corrected
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	530-600	0%	11.			
2.				12.			
3.	1-7	730-800	0%	13.			
4.				14.			
5.	1-7	930-1000	0%	15.			
6.				16.			
7.	1-7	1130-1200	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lft. Ret.	8:00	0%	6.			
2.	" "	12:00	0%	7.			
3.	Rt. Ret.	8:10	0%	8.			
4.	" "	12:10	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) Work over RCP at 5:30 w/ entire crew Page 5 sect. 16 - Buddy check SCSL

[Signature] Assistant Mine Foreman
[Signature] 166-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 9-25 2009 Section or Area Examined 3 Section
 Time of Examination: from 930 a.m. or 1000 a.m. or 1015 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Cole Time AM 1015 PM
 Report received by Jay Stewart 39199
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 <u>0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
#2 <u>0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
#3 <u>0% CH4</u>	<u>Part Bolted</u>	<u>reflected</u>
#4 <u>0% CH4</u>	<u>Scrap Cut</u>	<u>reflected</u>
#5 <u>0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
#6 R <u>0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
#7 <u>0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Left LOB</u>	<u>20440</u>		
<u>Right LOB</u>	<u>24,290</u>		

Remarks: 0% CH4, 0% CO, 20.8 O2 Detected at exam
PC, Changers, Dumps, Track, Trunkway OK at exam
Intake Phone OK. Outby Chamber OK @ 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 Steve Cole 1662-A Certificate No.
 Assistant Foreman
 Countersigned Jay Stewart 1759-A 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 Sep 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.	Section Idle	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch¹</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>4:43 AM</u>	<u>0.0%</u>	6.		
2. <u>#1</u>	<u>5:58 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

1755A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32000
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 9-26 2009 Section or Area Examined #3 Section
 Time of Examination: from 440 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes F No P
 By whom SEAN M. Burgdoff Time 6:05 P.M.
 Report received by Jim Williams
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 #6R	0% ch ₄ none observed	None
2.	#2 #3 #6 #7	NEEDS Additional clearing	Reported
3.	#4	Not Bolted	Reflector off
4.	#4L	SCRAP cut	Reflector off
5.	#5	Part Bolted	Reflector off
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT LOB	23,640		
RT LOB	21,119		

Remarks: Power centers, travelways clear at time of exam
 Outby chamber ON Intake phone ON
 0% Ch₄ 20.8% O₂ 0% CO

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

Signed By [Signature] Certificate No. 1753A
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 3206
 Mine Manager—Mine Foreman
[Signature] Assistant Foreman
 Certificate No. 1659-A
 Superintendent or Assistant

Use Indefinite
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-26 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	none observed	Reported
2	#2 #3 #6 #7	needs added cleaning	cleaned & checked
3	#4 00441	not bolted	Bolted & cleaned as needed
4	#5	Scrap cut	Bolted & cleaned
5	#6	Part bolted	Bolted & cleaned
6	#7	14 damaged bolts	Rebolted area

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-7	7:00-7:30 AM	0% CH ₄			
1-7	9:00-9:30 AM	0% CH ₄			
1-7	11:00-11:30 AM	0% CH ₄			
1-7	1:00-1:30 AM	0% CH ₄			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Lt Return	7:02 AM	0% CH ₄	Rt Return	11:30 AM	0% CH ₄
Rt Return	7:28 AM	↓	Lt Return	1:00 PM	↓
Lt Return	9:30 AM	↓	Rt Return	1:28 PM	↓
Rt Return	9:02 AM	↓			
Lt Return	11:00 AM	↓			

Number of Bolts Tested RESIN 8
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)

Page 4 section 2 RCP at 6:45 AM

[Signature]
Assistant Mine

1659A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

352
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-26-09 2009 Section or Area Examined 3 Section
Time of Examination: from 2:00 a.m. or (p.m.) to 2:45 a.m. or (p.m.)
Was this report phoned to outside? Yes no
By whom John Williams Time A.M. 3:00 P.M.
Report received by Rick Foster
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1, #3, #4, #6, #7, Dinky</u>	<u>none observed</u>	<u>none</u>
<u>#2, & #5, entrance Dinky</u>	<u>scoop seat</u>	<u>replace</u>
<u>#5 intersection Dinky</u>	<u>3 Damaged belts</u>	<u>Repaired</u>
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>left L.O.X. cut</u>	<u>22040</u>		
<u>right L.O.X. cut</u>	<u>22615</u>		

Remarks: 20.8% O₂, 0% CH₄, 0% CO₂, track, trucking, power
center, scoop shapers clear at time of exam.
Outby shelter clear at time of exam.
INTAKE PHONE OFF

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 Williams 1659-A
FRESHIFT-MINE EXAMINER Certificate No.
Countersigned Rick Foster 3300007
Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1662-A
Assistant Foreman
Superintendent or Assistant

Rick Foster 08794

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26 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, 3, 4, 6, + 7</u>	<u>N/OBS.</u>	<u>None</u>
2. <u>2, 5</u>	<u>scrap cut</u>	<u>Corrected</u>
3. <u>#5 intersection</u>	<u>3 damaged bolts</u>	<u>Corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>700-730</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>900-930</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1100-1130</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>Lt. Ret</u>	<u>800</u>	<u>0%</u>	6. _____	_____	_____
2. <u>11 11</u>	<u>1200</u>	<u>0%</u>	7. _____	_____	_____
3. <u>Rt. Ret</u>	<u>810</u>	<u>0%</u>	8. _____	_____	_____
4. <u>11 11</u>	<u>1210</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested lesin
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 pg. 6 Sect. 3 of RCP w/ entire crew - buddy check SCSK

[Signature] Assistant Mine Foreman
1862-A Certificate No.
[Signature] Mine Foreman-Mine Manager
3800 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 9-26 20 19 Section or Area Examined #3
 Time of Examination: from 7:30 a.m. or P.M. to 10:00 a.m. or P.M.
 Was this report phoned to outside: Yes no
 By whom Si. Colo Time 10:50 A.M. 10:50 P.M.
 Report received by S. Hamal
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2 & 3</u>	<u>Uth 40% O2 20.8% none observe</u>	
2. <u>4</u>	<u>Part Co Used</u>	<u>Ref</u>
3. <u>5</u>	<u>SCRAP</u>	<u>Ref</u>
4. <u>6 & 7</u>	<u>none observe</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>23290</u>		
<u>R LOB</u>	<u>20120</u>		

Remarks: Power center & roadways clear at time of exam
CH4 0% O2 20.8%

Outlay 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 satisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Freshift Mine Examiner Certificate No. 166279
 Assistant Foreman Certificate No. 330122
 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 _____ 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 9-27-09 20____ Section or Area Examined 3-Section
Time of Examination: from 9:51 a.m. or p.m. to 10:13 a.m. or p.m.
Was this report phoned to outside: Yes no _____
By whom Scott Halstead Time 10:10 A.M. _____ P.M.
Report received by Steve Sauter
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
#1, 3	0%	None observed	None
#4	0%	NEEDS DUSTED	Reported
#5	0%	not bolted	Reported
#6 & #7	0%	None observed	None
#2	0%	Scrap cut	Reflector
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	26,296		
R LOB	21,410		

Remarks: 20.8 % O₂, 0% CH₄, 0% CO Track, Travelways, Power center, changes clean at time of exam

outby Chamber Clean at EXAM time
0-20.8-0

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 Scott Halstead 37567 Assistant Foreman Certificate No.
Countersigned [Signature] 3706000 Mine Manager—Mine Foreman
Assistant Foreman

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 9-27-09 20. Section or Area Examined 3 Section
Time of Examination: from 2:13 or p.m. to 2:30 or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Location	CH4	Violation or Hazardous Condition	Action Taken
1. #1 ENTRY	0%	NONE OBSERVED	NONE
2. #2 ENTRY	0%	Scrap Cut	Reflectors
3. #3 ENTRY	0%	NONE OBSERVED	NONE
4. #4 ENTRY	0%	Needs Dusted	Reported
5. #5 ENTRY	0%	Not Bolted	Reported - Reflectors
6. #6 ENTRY	0%	NONE OBSERVED	NONE
7. #7 ENTRY	0%	" "	"
8.			
9.			
10.			

Air Measurements			
Location	CFM	Location	CFM
Left LOB	25,010		
Right LOB	18,620		

Remarks: Power centers, chargers, track travelways & haulways Clear T.O.E.
0% CH4, 20.8% O2, 0 ppm CO Detected at EXAM time
Outby Chamber Clear at T.O.E.
0-20.8-0

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 Scott Halstead 37567 Preshift-Mine Examiner Certificate No.
Countersigned [Signature] 350000 Mine Manager--Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Sep 27 2009 Section or Area Examined 3-Section
Time of Examination: from 9:25 a.m. or 9:25 p.m. to 10:25 a.m. or 10:25 p.m.
Was this report phoned to outside: Yes X no X
By whom Brought out Time _____ A.M. _____ P.M.
Report received by Jeremy Bughdoff
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1-6-7 <u>Ch⁴0.0%</u>	<u>none observed</u>	<u>none</u>
2	<u>Scrap Cut</u>	<u>Reflector off</u>
3	<u>Missing 2 bolts in face</u>	<u>Reflector off</u>
4	<u>2 Damage Bolts 1/2 bit outby face</u>	<u>Reflector off</u>
4R	<u>Inby Corner needs spot Bolted</u>	<u>Reported Marked</u>
4R	<u>Damage Bolt</u>	<u>Reported Marked</u>
5	<u>Not Bolted</u>	<u>Reflector off</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>23,279</u>		
<u>Rt LOB</u>	<u>21,743</u>		

Remarks:

Ch⁴0.0% CO 0.0% O₂ 20.8% at time of exam.

Powercutter, travelways clear at time of exam
Haulways need additional cleaning.

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 Jeremy Bughdoff 1759-A Certificate No. Jeremy Bughdoff 1759-A Certificate No.
Countersigned [Signature] Mine Manager—Mine Foreman 3306122
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 Sep 28, 09 Shift 021 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. _____		
8. _____		

Section 2dr

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch 4</u>	<u>0.09%</u>		11. _____		
2. <u>CO</u>	<u>0.90</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>0.09%</u>	6. _____		
2. <u>#1</u>	<u>5:47 AM</u>	<u>0.09%</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

1729-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 SEP 28 20 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 X no
By whom JEREM BULLOCK Time 605 A.M. P.M.
Report received by Tim Williams (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 through #7 with various observations like 'SCRAP', 'MISSING bolts', and 'needs bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LEFT LOB' (25,010) and 'Right LOB' (18,620).

Remarks: Power centers, travelways, choppers on at time of exam. Outby chamber on

% CH4 20.8% O2 % CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By: Jerem Bulluck (Preshift-Mine Examiner, Certificate No. 1759-A) and Tim Williams (Assistant Foreman, Certificate No. 1659-A)
Countersigned: [Signature] (Mine Manager-Mine Foreman) and [Signature] (Assistant Foreman)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date SEP 28 Shift DAY Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	NONE	Reported
2. #2	SCRAP	Belted closed
3. #3	missing bolts 1 belt out 6'	Reported
4. #4	2 damaged bolts 1 belt out 6'	spot bolted
5. #4R	needs corner bolt	Bolted
6. #5	needed bolted, wide bolts 1 belt out 6'	spot bolted
7. #6	NONE	Reported
8. #7	Part bolted	Reported

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	7:00 AM	0% CH ₄	6. Rt Return	11:28 AM	0% CH ₄
2. Rt Return	7:28 AM	0% CH ₄	7. Lt Return	1:01 PM	0%
3. Lt Return	9:00 AM	0% CH ₄	8. Rt Return	1:30 PM	0%
4. Rt Return	9:28 AM	0% CH ₄	9. Lt Return	2:00 PM	0%
5. Lt Return	11:00 AM	0% CH ₄	10. Rt Return	2:25 PM	0%

Number of Bolts Tested 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.
Page 4 section 324 RGP at 6:45 am.

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

Jim Miller Assistant Mine Foreman
1659-A Certificate No.
[Signature] Mine Foreman-Mine Manager
330000 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 9-28-09 20 Section or Area Examined 3 Section
 Time of Examination: from 2:00 or (p.m.) to 2:45 or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 3:00 A.M. P.M.
 Report received by Scott Halstead 37567 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. #1 Entry	0%	SCRAP CUT	Reported - Reflectors
2. #2, 3, 4 Entries	0%	Needs Cleaned & Dusted	Reported
3. #4 Entry Intersection	0%	Has 3 Damaged Bolts	Reported - Marked
4. #4 R	0%	Not Bolted	Reflectors
5. #5 Entry	0%	SCRAP	Reflectors
6. #6 & 7	0%	NONE OBSERVED	NONE
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Left LOB	22,840		
Right LOB	19,100		

Remarks: 0% CH₄, 20.8% O₂, 0ppm CO Detected at EXAM time
 Powercenter, chargers, track, travelways & haulways Clear at T.O.E.
 Intake phone clear @ time of exam.
 outby Chamber - Clear
 D-20.8-0

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 Tim Williams Preshift-Mine Examiner Certificate No. 1659-0
 Countersigned Scott Halstead Assistant Foreman Certificate No. 37567
[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 9-28 Shift Evening Area or Section 3-Section N

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 through #6 with various conditions like 'Scrap Cut' and 'N/kp'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for locations 1-7 with times and 0% CH4 readings.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for return air courses with locations like 'Rt. Ret' and 0% CH4 readings.

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 RCP page 4 Sect. 6 w/airline Crew buddy check SCSR

Assistant Mine Foreman Mine Manager signatures and certificate numbers.

Vertical handwritten note on the left margin: Bureau Callers 1573-A

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep 28 09 Section or Area Examined 3 Section
Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Cole Time A.M. 10:59 P.M.
Report received by Jeremy Birdoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	CH ₄ 0.0% Not Bolted	Reflector off
2	Needs Add Cleaning	Reported
3	Needs cleaned and Dusted	Reported
4	None observed	None
5	Part Bolted	Reflector off
6	Scrap cut	Reflector off
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,298		
Rt LOB	20,568		

Remarks: CH₄ 0.0% CO 0% O₂ 20.8% at time of exam
Powercenter, travelways, clear at time of exam
Cully Chamber OK Intake phone OK @ 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. 1662A
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman
Assistant Foreman [Signature] Certificate No. 1789-A
Superintendent or Assistant [Signature] Certificate No. 1543-18

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Sep 29, 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>4:57AM</u>	<u>0.0%</u>	6. _____		
2. <u>#1</u>	<u>5:53AM</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

1759-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

30000
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 Sept 29 20 09 Section or Area Examined #3 Section
Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom JEREMY BUDGETT Time 6:05 A.M. P.M.
Report received by Tim Williams (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 respective conditions and actions.

Air Measurements

Location CFM Location CFM

Lt lob 22,633
Rt lob 20,281

Remarks: 0% CH4, 20.8% O2, 0% CO

Outby chamber off
Powercords, charger, hand tools on 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] 1738-A Certificate No. Assistant Foreman 1659-A Certificate No.
Countersigned [Signature] 3900000 Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sept 29 Shift Day Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 #2 0% Ch4	needs added cleaning	Reported
2. #3	None observed	Reported
3. #4 #4R	needs cleaned & dusted	Cleaned & dusted
4. #5	not bolted	bolted & reflectored
5. #5	22'-24' wide	set 10 timbers
6. #5	Right in by corner wide	Timbered
7. #6	needs cleaned & dusted	cleaned & dusted
8. #7	needs spot bolted	Bolted & reflectored

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:00 AM - 7:30 AM	0% Ch4	11.		
2.			12.		
3. 1-7	9:00 - 9:30 AM	0% Ch4	13.		
4.			14.		
5. 1-7	11:00 - 11:30 AM	0% Ch4	15.		
6.			16.		
7. 1-7	1:00 PM - 1:30 PM	0% Ch4	17.		
8.			18.		
9.			19.		
10. 0% Ch4	20.8% O2	0% CO	20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	7:00 AM	0% Ch4	6. Rt Return	11:30 AM	0% Ch4
2. Rt Return	7:28 AM	RESIN	7. Rt Return	1:00 PM	RESIN
3. Lt Return	9:02 AM		8. Lt Return	1:25 PM	
4. Rt Return	9:30 AM		9. Lt Return	2:00 PM	
5. Lt Return	11:00 AM		10. Rt Return	2:20 PM	

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) Page 4 section 10 RCP

[Signature]
Assistant Mine

1659-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

[Signature]
Superintendent of Mines

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-29-09 20 Section or Area Examined 3 Section
Time of Examination: from 2:00 or P.M. to 2:50 or P.M.
Was this report phoned to outside: Yes no
By whom Tim Williams Time 3:05 P.M.
Report received by Scott Halstead 37567
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. #1 + 2 Entries	0%	NONE OBSERVED	NONE
2. # 2 Left	0%	Not Bolted	Reflectors
3. #3 Entry	0%	Part Bolted	Reflectors
4. #4 Entry	0%	NONE OBSERVED	NONE
5. #4 Left	0%	NONE OBSERVED	NONE
6. #5 + 6 Entries	0%	NONE OBSERVED	NONE
7. # 7 Entry	0%	Needs Bolted	Reflectors
8. #7 ENTRY Intersection		2 Bolts Missing	Reported
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	20,947		
R LOB	22,464		

Remarks: 0% CH₄, 20.8% O₂, 0ppm CO Detected at EXAM time
Powercenter, Chargers, track, travelways, haulways Clear T.O.E.
Outby Refuge Clear T.O.E. 0-20.8-0
Intake Phone, OK working Properly

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 Tim Williams Certificate No. 1659-A
Preshift-Mine Examiner
Countersigned Scott Halstead Certificate No. 37567
Mine Manager - Mine Foreman Assistant Foreman
Bruce Collins Certificate No. 1543-A
Assistant Foreman
Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-09 Shift ONE 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>none observed</u>	<u>none</u>
2. <u>2L</u>	<u>not Bolted</u>	<u>Bolted to face</u>
3. <u>3</u>	<u>Part Bolted</u>	<u>Reflected chum</u>
4. <u>4+4L</u>	<u>none observed</u>	<u>none</u>
5. <u>5+6</u>	<u>none observed</u>	<u>none</u>
6. <u>7</u>	<u>needs Bolted</u>	<u>Bolted to face</u>
7. <u>#7 intersection</u>	<u>2 Bolts missing</u>	<u>spotted bolts</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return Lt</u>	<u>628</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>659</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	<u>1009</u>	<u>0%</u>	9. _____	_____	_____
5. _____	<u>1037</u>	<u>0%</u>	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 part 18 of RCP with crew at end of tk at start of shift
Burns Collins Assistant Mine Foreman
1543-19 Certificate No.
[Signature] Mine Foreman-Mine Manager
320000 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-29 Section or Area Examined 3 section
 Time of Examination: from 1000 a.m. or 10:15 p.m. to 10:15 a.m. or 10:15 p.m.
 Was this report phoned to outside: Yes no no
 By whom Brian Collins Time AM 1055 P.M.
 Report received by George Curry 27429
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CH₄-0%</u> <u>needs cleaned / dusted</u>	<u>Reported</u>
2. <u>2</u>	<u>none observed</u>	<u>Reported</u>
3. <u>2L</u>	<u>NOT Bolted</u>	<u>Reflector</u>
4. <u>3</u>	<u>PART Bolted</u>	<u>Reflector</u>
5. <u>2L</u>	<u>need cleaned; dusted</u>	<u>Reported</u>
6. <u>4</u>	<u>PART Bolted</u>	<u>Reported</u>
7. <u>5</u>	<u>none observed</u>	<u>Reported</u>
8. <u>5R</u>	<u>none observed</u>	<u>Reported</u>
9. <u>6</u>	<u>none observed</u>	<u>Reported</u>
10. <u>7</u>	<u>SCRAP</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>Left</u>	<u>24820</u>		
<u>Right</u>	<u>22680</u>		

Remarks: 0% CH₄ - 0% CO - 26.8% O₂ tracks, travelways, pc's
chargers, clear all times of elec-
Emergency shelter / outby phone - OK intake

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 Collins Certificate No. 1543-A
 Preshift-Mine Examiner

Countersigned George Curry Certificate No. 1767-A
 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 Sep 30, 09 Shift 001 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>Ch 4</u>	<u>0.09%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0.9%</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 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>1</u>	<u>5:55 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] 1759A [Signature]
Certificate No. Mine Foreman-Mine Manager Certificate No. SUPERINTENDENT OF MINES

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-30-9 20. Section or Area Examined X3
 Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes L no _____
 By whom Jeremy Burdett Time 600 AM P.M.
 Report received by Kenny Thompson
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>X 1</u> <u>CH4-0%</u>	<u>NEEDS CLEAN & DUST</u>	<u>Reported</u>
<u>X 2, 4, 4L</u>	<u>NONE observed</u>	<u>Reported</u>
<u>X 2L</u>	<u>Part Bolted 1 Row</u>	<u>Reported</u>
<u>X 3</u>	<u>SCRAP cut</u>	<u>Reflector</u>
<u>X 4R</u>	<u>wide 22-24ft</u>	<u>Reported, Danger at</u>
<u>X 5</u>	<u>NEEDS CLEAN & DUSTED</u>	<u>Reported</u>
<u>X 5R</u>	<u>SCRAP cut</u>	<u>Reflector</u>
<u>X 5 out by</u>	<u>3 Bolts</u>	<u>Reported</u>
<u>X 6, 7</u>	<u>add cleaning</u>	<u>Reported</u>
<u>10.</u>		

Air Measurements

Location	CFM	Location	CFM
<u>L</u>	<u>23,439</u>		
<u>R</u>	<u>20,116</u>		

Remarks: 0% CH4, opp CO, 20.8% O2, TRACK, Haulways, TRavelways
 Clear time of exsame, Power centers, chargers,
 outby chamber OK time of exsame

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 Burdett Preshift-Mine Examiner Certificate No. 1759-D
 Countersigned Kenny Thompson Assistant Foreman Certificate No. 1689A
[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 4-30-9 Shift DAY Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>#7</u>	<u>Needs clean + dust</u>	<u>NONE</u>
2. <u>#2, 4, 4L</u>	<u>NONE</u>	<u>NONE</u>
3. <u>#3</u>	<u>Needs clean scrap cut</u>	<u>Mined, Reflector</u>
4. <u>#4R</u>	<u>wide</u>	<u>Set timbers</u>
5. <u>#5</u>	<u>Needs clean + dust</u>	<u>cleaned, Reflector</u>
6. <u>#5R</u>	<u>scrap cut</u>	<u>Mined, Bolted Reflector</u>
7. <u>#5 south</u>	<u>2 Bolts</u>	<u>Bolted</u>
8. <u>#6, 7</u>	<u>add cleaning</u>	<u>cleaned</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>705-736AM</u>	<u>0% ch4</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>905-936AM</u>	<u>0% ch4</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>1105-1136AM</u>	<u>0% ch4</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>105-136PM</u>	<u>0% ch4</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LLOB</u>	<u>710AM</u>	<u>0% ch4</u>	6.		
2. <u>RLOB</u>	<u>740AM</u>	<u>0% ch4</u>	7.		
3. <u>LOB</u>	<u>110AM</u>	<u>0% ch4</u>	8.		
4. <u>RLOB</u>	<u>1140AM</u>	<u>0% ch4</u>	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 Spot Bolted
in #1, #7, #5

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Roof control plan with entire crew at 7AM at end of track Page 6 Part 22

Kenny Thompson 1689-A
Assistant Mine Certificate No.

Rich Ester
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-30-09 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 Kenny Thompson Time A.M. 3:10
Report received by Bruce Collins 1543-A (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 'needs cleaned & dusted', 'N/A', 'needs dusted', 'not Bolted', 'needs dusted', 'needs 3 spot bolts'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: Lr 22,190; Rt 19,712.

Remarks: 20.8% O2 CH4 ppm at time of exam

haulways, walkways, haulageways, punchcutts clean at TOE

outby shelter and intake phone clean at TOE

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 Preshift-Mine Examiner
Bruce Collins 1543-A Assistant Foreman
Countersigned [Signature] 3506000 Mine Manager-Mine Foreman
[Signature] 1604-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 9-30-09 Shift Even 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>needs cleaned & Dusted</u>	<u>cleaned & dusted to full</u>
2. <u>2, 3, 4</u>	<u>N/A</u>	<u>none</u>
3. <u>5</u>	<u>needs dusted</u>	<u>cleaned & dusted</u>
4. <u>6</u>	<u>N/A</u>	<u>none</u>
5. <u>6R</u>	<u>not Bolted</u>	<u>Bolted to full</u>
6. <u>7</u>	<u>needs dusted</u>	<u>cleaned & dusted</u>
7. _____	_____	_____
8. <u>#5 X-cut</u>	<u>needs 3 Bolts spalled</u>	<u>spatted bolts</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:35-5:05</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>8:30-9:00</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>10:30-11:00</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return L</u>	<u>4:35</u>	<u>0%</u>	6. _____	_____	_____
2. <u>" R</u>	<u>5:05</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>" L</u>	<u>8:30</u>	<u>0%</u>	9. _____	_____	_____
5. <u>" R</u>	<u>9:00</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested Return 15
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 part 19 of RCP with
draw at end of TK at start of shift

Brian Collins
Assistant Mine

1513-19
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3500000
Certificate No.

Superintendent or Assistant

88-PH 1664-A

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-30 Section or Area Examined 3 Section
Time of Examination: from 1000 a.m. or 6 p.m. to 1045 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins / Shannon Fordyce Time A.M. 1045 P.M.
Report received by George Curry 21429 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 7 locations, including CH4-%, needs cleaned/dusted, none observed, need cleaned/dusted, part bolted, SCRAP, and ed needs cleaned/dusted.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for Left (23,000) and Right (26,200).

Remarks: 0% CH4 - 0% CO - 26.8% O2
tracks, treadways, pcs, chargers clear at time of exam
intake phone OK at exam
Outlet shelter clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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. 11664-A
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 21429 1543-A
[Signature] Assistant Foreman Certificate No. 1789A
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Oct 1, 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.	<u>Section Idle</u>		
4.			
5.			
6.	<u># 4 entry</u>	<u>Wide Entry</u>	<u>Put timber up</u>
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>01</u>	<u>0%</u>	12.		
3.	<u>02</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>5:03 AM</u>	6.		
2.	<u>#1</u>	<u>5:58 AM</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
 Mine Foreman
 Assistant Mine Foreman
 17590 Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-1 2009 Section or Area Examined #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
 By whom Jeremy Burghdoff Time 605 A.M. _____ P.M.
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 #2 0% CH ₄	Needs cleaned & dusted	Reported
#26	not bolted	Reported
#3	SCRAP cut	Reported
#4	21' wide	DANGERED OFF
#5 #6	none observed	Reported
#6R	PART bolted	Reported, Re/checked
#7	needs cleaned & dusted	Reported
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LF COB	24,067		
RT COB	20,013		

Remarks: Powercater chargers traveling on track clear of line of entry
out by chamber #1

0% CH₄ 20.8% O₂ 0% CO

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

Signed By Jeremy Burghdoff Preshift Mine Examiner Certificate No. 1759A
 Countersigned Tim Williams Mine Manager Assistant Foreman Certificate No. 1659A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-01 Shift 2nd Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries regarding bolted conditions and timbering.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries for methane examinations at location 1-7.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Contains 5 rows of handwritten entries for methane examinations in return aircourses.

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)

Handwritten remarks: Page 4 section 12 RCP with CRW at end of track 6:50 AM. Includes signatures and certificate numbers for Assistant Mine Foreman and Mine Foreman/Mine Manager.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-1-09 2009 Section or Area Examined #3
Time of Examination: from 2:00 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Williams Time 3:00 P.M.
Report received by Shm Ph 1664-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported.

Location	Violation or Hazardous Condition	Action Taken
1. Entry 0% CH ₄	None Observed	Reflector Hung
2.	Not Bolted	Reflector Hung Reported
3.	None Observed	Reflector Hung
4.	Not Bolted	Reflector Hung Reported
5.	Needs cleaned & dusted	Reported
6.	None Observed	Reflector Hung
7.	Needs cleaned & dusted	Reported
8. SR Entry 0% CH ₄	Not Bolted	Reflector Hung Reported
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L HOB	23600		
R HOB	20700		

Remarks: Power center, choppers, tramways, and Tracks clear at time of exam
outby chamber OK Intake phone OK

0% CH₄ 20.8 O₂ 0 CO

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

Signed By Tim Williams Certificate No. 1659-A
Preshift-Mine Examiner
Countersigned Shm Ph Certificate No. 1664-A
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-1-8 Shift EUP Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. -----	-----	-----
2. <u>2</u>	<u>Not Bolted</u>	<u>Corrected</u>
3. <u>4</u>	<u>Not Bolted</u>	<u>Corrected</u>
4. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>SR</u>	<u>Not Bolted</u>	<u>Corrected</u>
6. <u>7</u>	<u>Needs cleaned & dusted</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>4:30-5:00</u>	<u>0%</u>	11. -----	-----	-----
2. -----	-----	-----	12. -----	-----	-----
3. <u>1-7</u>	<u>6:30-7:00</u>	<u>0%</u>	13. -----	-----	-----
4. -----	-----	-----	14. -----	-----	-----
5. <u>1-7</u>	<u>8:30-9:00</u>	<u>0%</u>	15. -----	-----	-----
6. -----	-----	-----	16. -----	-----	-----
7. <u>1-7</u>	<u>10:30-11:00</u>	<u>0%</u>	17. -----	-----	-----
8. -----	-----	-----	18. -----	-----	-----
9. -----	-----	-----	19. -----	-----	-----
10. -----	-----	-----	20. -----	-----	-----

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went Over Page 5 of Roof Control Plan with entire crew at end of Truck

[Signature] Assistant Mine 1664-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 10-1- 09 Section or Area Examined #3
 Time of Examination: from 1000 a.m. or p.m. to 1035 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time A.M. 1045 P.M.
 Report received by Jack Marra
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 - 0.0% ch ₄	None observed	Ref
#2 - 0.0% ch ₄	Needs cleaned + dusted	Refasted
3 + 4 - 0.0% ch ₄	None observed	Ref
5 + 5RT 0.0% ch ₄	Needs cleaned + dusted	Refasted
6 - 0.0% ch ₄	None observed	Refasted
7 - 0.0% ch ₄	Not Bolted	Tagged Reflectors hung

Air Measurements

Location	CFM	Location	CFM
LOB, LT.	21,350		
LOB, RT.	22,800		

Remarks: Power center, chargers - travel ways - haulage ways -
Intake phone OK
Air chamber OK all clear time
20.802 of exam
0.0% ch₄

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

Signed By Shannon Perdue Certificate No. 1664-A
 Freshift-Mine Examiner
 Countersigned Jack Marra Certificate No. 1755-A
 Mine Manager - Mine Foreman
Jack Marra 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 Oct 10, 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>5:03AM</u>	<u>0.0%</u>	6. -----		
2. <u># 1</u>	<u>5:57AM</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

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2-09 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 BURGHDUFF Time 6:05 A.M. P.M.
Report received by Tim Williams (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 through #6 with descriptions of bolt issues and cleaning needs.

Air Measurements

Location

CFM

Location

CFM

Lt Lob 22,984
Rt Lob 20,309

Remarks: Powercenter, chargers, track & travelways clear at time of exam, outby chamber, intake above off at time of exam

% Ch4 20.8% O2 0% CO

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

Signed By: Jeremy Burghduff (Preshift Mine Examiner), Tim Williams (Assistant Foreman), [Signature] (Mine Manager - Mine Foreman), [Signature] (Assistant Foreman)
Certificate Nos: 1759-A, 1659-A, 3201000

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-09 Shift DAY Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 #4 #7	none observed	Reported
2. #2	missing 2 bolts in face	corrected
3. #3	needs added cleaning	done
4. #4 crosscut	2 damaged bolts	spot bolted
5. #5 #6	needs cleaned & dusted	corrected
6. #6R	scrap cut	finished, bolted
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:47-7:28 AM	0% CH ₄	11.		
2.			12.		
3. 1-7	9:00-9:30	0%	13.		
4.			14.		
5. 1-7	11:02-11:30	0%	15.		
6.			16.		
7. 1-7	1:00-1:30	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Ret	7:00 AM	0% CH ₄	6.		
2. Rt Ret	7:30 AM	0%	7.		
3.			8.		
4. Lt Ret	10:58 AM	0%	9.		
5. Rt Ret	11:32 AM	0%	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 page 4 section 12 of RWP with ENTIRE SECTION at end of track

[Signature] Assistant Mine 1659-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-2-7 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or 3:00 p.m. to 2:50 a.m. or 3:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time A.M. 3:05 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 Entry 0% CH ₄	Not Bolted	Reflector Hung
2	None Observed	Reflector Hung
3	Needs cleaned & dusted	Reported
4	Needs cleaned & dusted	Reported
5	Needs cleaned & dusted	Reported
5L	Not Bolted	Reflector Hung
6	Not Bolted	Reflector Hung
6R	Not Bolted	Reflector Hung
7 Entry 0% CH ₄	Needs cleaned & dusted	Reported
10.		

Air Measurements

Location	CFM	Location	CFM
R LOB	21240		
L LOB	21745		

Remarks: Powercater chargers Tracks & Traslways clear at time of exam
 outby chamber, intake phone OK at time of exam

0% CH₄ 20.8 oz 0% CO

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

Signed By Tim Williams Preshift-Mine Examiner Certificate No. 1659-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39100
[Signature] Assistant Foreman Certificate No. 1664-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-9 Shift EUR Area or Section # 3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Not Bolted</u>	<u>corrected</u>
2. _____	_____	_____
3. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
4. <u>4</u>	<u>Needs cleaned & dusted</u>	<u>corrected</u>
5. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>corrected</u>
6. <u>SL</u>	<u>Not Bolted</u>	<u>corrected</u>
7. <u>6</u>	<u>Not Bolted</u>	<u>corrected</u>
8. <u>GR</u>	<u>Not Bolted</u>	<u>corrected</u>
<u>7</u>	<u>Needs cleaned & dusted</u>	<u>corrected</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 15
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 5 of Reel Control
Plan with entire crew at end of Track Paragraph 16, 17 & 18

[Signature] Assistant Mine [Signature] Certificate No. 1664 A [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2-2009 Section or Area Examined #3
Time of Examination: from 1000 a.m. or (p.m.) to 1040 a.m. or (p.m.)
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time A.M. 1045 P.M.
Report received by Jack Manna (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	0.0% ch ₄ need add. cleaning	R & P
2h	0.0% ch ₄ NOT Bolted	tagged reflectors
2F	0.0% ch ₄ SCRAP CUT	TAGGED REFLECTORS
3-	0.0% ch ₄ NOT Bolted	TAGGED REFLECTORS
4-	0.0% ch ₄ need add cleaning	R & P
5-	0.0% ch ₄ need cleaned & dusted	Reported
6+7-	0.0% ch ₄ none observed	Reported

Air Measurements

Location	CFM	Location	CFM
LOB - LT	22,340		
RT	21,100		

Remarks: Power center - chargers - travel ways - haulage ways -
Air Chambers OK
Intak Phone OK
20.802
0.0% ch₄
all 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 [Signature] Preshift Mine Examiner Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1769A
[Signature] Jack Manna Superintendent or Assistant Certificate No. 37793

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Oct 3, 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>5:02 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:53 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
1769-A Certificate No.
[Signature] Mine Foreman-Mine Manager
38000 Certificate No.
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-3 2009 Section or Area Examined #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 Jerome J. Bulghetti Time 605 A.M. P.M.
 Report received by Tim Williams
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	PART bolted	Reported
#2 #7	none observed	Reported
#3	not bolted	" "
#3C	1 broke out bolt	" "
#3	1 1/2 bolt out by broken bolts	" "
#4	needs added cleaning	" "
#5	Scrap cut	" "
#5	needs spot bolted	" "
#6	2 bolts missing in face	

Air Measurements

Location	CFM	Location	CFM
LT LOB 23,731			
RT LOB 19,650			

Remarks: Powercenter, chargers track & travel carts off at time of exam
Outby chamber, intake phone off 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 Jerome J. Bulghetti Certificate No. 1759-A
 Preshift-Mine Examiner
 Assistant Foreman
 Countersigned Tim Williams Certificate No. 1659-A
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-3-9 Shift DAY Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Part bolted	Bolted, Re-Inspected
2. #2 #7	none observed	Reported
3. #3	not Bolted	Bolted Re-Inspected
4. #3L #3	Rock bolts, needs spotted	spot Bolted
5. #4	NEEDS Added cleaning	cleaned & dusted
6. #5	SCRAP cut & missing bolts	Finished, Rebolted 11 Bolts
7. #6	2 bolts missing in face	Bolted, Re-Inspected
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:00-7:30 AM	0% CH ₄	11.		
2.			12.		
3. 1-7	9:00-9:30 AM	↓	13.		
4.			14.		
5. 1-7	11:00-11:30 AM		15.	0.0, 66	20.0
6.			16.	0.0, 06	20.0
7. 1-7	1:00-1:30 PM		17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	6:58 AM	0% CH ₄	6.		
2. Rt Return	7:33 AM	↓	7.		
3.			8.		
4. Lt Return	10:58 AM		9.		
5. Rt Return	11:32 AM		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 page 4 chapter 10 of RCP and end of track with entire crew

[Signature] Assistant Mine 1659-0 Certificate No. [Signature] Mine Foreman-Mine Manager 3300000 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Indelible
encil or Ink

Date of Examination 10-3-09 Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or 2:50 p.m. to 3:00 a.m. or 3:00 p.m.
 Was this report phoned to outside: Yes no
 by whom Tim Williams Time 3:00 A.M. P.M.
 Report received by Sh Ph (Signed)

Violations and other Hazardous Conditions Observed and Reported

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1 Entry 0% CH ₄	Needs cleaned + dusted	Reported
2	Not Bolted	Reflector Hung
3	None Observed	Reflector Hung
4	Needs cleaned + dusted	Reported
4L	Needs cleaned + dusted	Reported
5	Wide Needs Timbers	Reported
6	Needs cleaned + dusted	Reported
7	Not Bolted	Reflector Hung
7 Entry 0% CH ₄		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L KOB	22,040		
R KOB	20520		

Remarks: Powercenter changers ~~Test~~ + Travelways clear at time of exam
 Intake phone and out by chamber OK at time of exam

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 Tim Williams Preshift-Mine Examiner Certificate No. 1659-A
 Assistant Foreman Certificate No. _____
 Countersigned Sh Ph Mine Manager—Mine Foreman Certificate No. 3201
 Assistant Foreman Certificate No. 1664-A
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
2. <u>2</u>	<u>Not Bolted</u>	<u>Corrected</u>
3. <u>4</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
4. <u>4L</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>5</u>	<u>Wide Needs Timbers</u>	<u>Corrected</u>
6. <u>6</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
7. <u>7</u>	<u>Not Bolted</u>	<u>Corrected</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>8:30-9:00</u>	<u>0%</u>	15. <u>2-015</u>	<u>8:04</u>	<u>0%</u>
6. _____	_____	_____	16. <u>10856</u>	<u>8:04</u>	<u>0%</u>
7. <u>1-7</u>	<u>10:30-11:00</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 17
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 paragraph 19, 20 & 21 of Roof control plan with entire crew at end of track

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman or Mine Manager

[Signature]
Certificate No.

[Signature]
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-3-79 Section or Area Examined #3
 Time of Examination: from 9:40 a.m. or 10:30 a.m. or 10:45 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time 10:45 P.M.
 Report received by Terry Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Entry 0% CH ₄	Part Bolted	Reflector Hung
2.	Needs cleaned + dusted	Reported
3. W	Scrap cut	Reflector Hung
4. H	None Observed	Reflector Hung
5. S	Scrap cut	Reflector Hung
6. 6	None Observed	Reflector Hung
7. Entry 0% CH ₄	None Observed	Reflector Hung
8.		
9.		
10.		

Location	Air Measurements CFM	Location	CFM
L HOB	21000		
R HOB	22850		

Remarks: Power center chargers + Travelways clear at time of exam
Intake phone and outby chamber OK at time of exam

CH₄ 0% O₂ 20.8 COO

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 Sh Ph Preshift-Mine Examiner Certificate No. 1667-A
 Countersigned Andy Cook Mine Manager—Mine Foreman Certificate No. 330668
Shannon Perdue Assistant Foreman
29/11 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 10-4 209 Section or Area Examined #3
 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 _____ 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 edge</u>	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L.T.</u>	<u>20,874</u>	_____	_____
<u>R.T.</u>	<u>22,740</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Rocky Dect. 0% 20.8 or 20.0%
Power Center - charger - clear
Travelways & track clear at time of exam.
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 [Signature] Preshift-Mine Examiner Certificate No. 29611
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 380600
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-4-09 20. Section or Area Examined #3 Section
 Time of Examination: from 2:15 or (p.m.) to 2:40 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	CH ₄	Violation or Hazardous Condition	Action Taken
1. #1 Entry	0%	Needs Dusted	Reported
2. #2 Entry	0%	" "	"
3. #3 Left	0%	Not Bolted	Reflectors
4. #4 Entry	0%	NONE OBSERVED	NONE
5. #5 ENTRY	0%	Scrap Cut	Reflectors
6. #6 & 7 Entries	0%	NONE OBSERVED	NONE
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Location	Air Measurements		Location	CFM
	LOB	CFM		
Left	LOB	22,200		
Right	LOB	19,614		

Fresh Air Bay Clear 0-20.8-0

Remarks: Powercenters, chargers, track, travelways & haulways clear T.O.E.
0% CH₄, 20.8% O₂, 0ppm CO Detected 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 unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Scott Halstead 37567 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. _____
[Signature] Assistant Foreman 29611 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 10-4- Section or Area Examined #3
 Time of Examination: from 8:00 a.m. or p.m. to 8:40 a.m. or p.m.
 Was this report phoned to outside: Yes (X) no _____
 By whom Pete Peterson Time 1045 A.M. (X) P.M.
 Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

Location	Violation or Hazardous Condition	Action Taken
# 1 0.0% ch ₄	need cleaned + dusted	Ref
# 2 - 0.0% ch ₄	need cleaned + dusted	Ref
# 3 - 0.0% ch ₄	needs cleaned	Ref
# 3L 0.0% ch ₄	scrap cut - out by 3L need cleaned	Ref
4 - 0.0% ch ₄	none observed	Ref
# 5 - 0.0% ch ₄	scrap cut	tagged-
6 & 7 - 0.0% ch ₄	none observed	Ref
8		
9		
10		

Air Measurements

Location

CFM

Location

CFM

LT - LOB - 21.680
 RT LOB - 19.210

Remarks: Power Center - chargers - Travel ways - haulage ways
 Air chamber OK
 Intake Phone OK
 all clear
 time of exam 20.802
 0.0% ch₄

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

Signed By Pete Peterson Preshift-Mine Examiner Certificate No. 29611
 Countersigned Jackman Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1785A
Jackman Superintendent or Assistant Certificate No. 37793

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Oct 5, 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>5:06 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

1767A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

[Signature]
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-5-09 2009 Section or Area Examined #3
 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 Tommy Burgdorf Time 6:04 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. Entry 0% CH ₄	None Observed	Reflector Hung
2.	Needs Additional Cleaning	Reported
3.	Needs cleaned + dusted	Reported
4. 3L	Not Bolted	Reflector Hung
5.	None Observed	Reflector Hung
6.	Not Bolted	Reflector Hung
7.	None Observed	Reflector Hung
8. 7 Entry 0% CH ₄	None Observed	Reflector Hung
9. #2 Intersection	2 Wide Bolts + 1 Broke Bolt	Damaged off
10. 2L 3 X cut	2 Wide Bolts 1 Loose Bolt	Reflected off Reflected off

Location

CFM

Location

CFM

L LOB
R LOB

22640
19859

Remarks: Powercable - Chargers, Trussways clear at time of exam

Intake phone and Outby chamber ok at time of exam

CH₄ 0% O₂ 20.8 CO 0

Section Needs additional 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. 1985A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1604-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 10-5-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
2. <u>3</u>	<u>Needs cleaned + dusted</u>	<u>Corrected</u>
3. <u>3L</u>	<u>Not Bolted</u>	<u>Corrected</u>
4. <u>5</u>	<u>Not Bolted</u>	<u>Corrected</u>
5. _____	_____	_____
6. <u>#2 Intersection</u>	<u>2 widebolts 1 Broke Bolt</u>	<u>spot Bolted corrected</u>
7. <u>2L</u>	<u>2 wide Bolts</u>	<u>spot Bolted corrected</u>
8. <u>3 x cut</u>	<u>1 Loose Bolt</u>	<u>spot Bolted corrected</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over paragraph 20, 21, 22, 23 of page 5 of Roof Control Plan at end of Truck with entire crew

[Signature] Assistant Mine 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-5-09 20____ Section or Area Examined 3 Section
 Time of Examination: from 2:00 a.m. or (p.m) to 2:50 a.m. or (p.m.)
 Was this report phoned to outside: Yes no____
 By whom Shanon Pender Time 3:05 A.M. P.M.
 Report received by Scott Halstead 37567
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. #1 & 2 Entries	0%	NONE OBSERVED	NONE
2. #3 Entry	0%	Needs Cleaned & Dusted	Reported
3. #3 left	0%	Scrap Cut	Reflectors
4. #4 Entry	0%	Needs Cleaned & Dusted	Reported
5. #5 Entry	0%	Needs Added Cleaning	Reported
6. #5 Right	0%	Not Bolted	Reflectors
7. #6 Entry	0%	Needs Added Cleaning	Reported
8. #7 Entry	0%	NONE OBSERVED	NONE
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	L. 22,150		
	R. 21,000		

Remarks: Fresh Air Bay - Clear 0-20.8-0
Intake Phone - needs Replaced
Powercenter, chargers, track, travelways & Haulways clear T.O.E.
 CH₄ 0% O₂ 20.8% CO 0ppm

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. 16004-A
 Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 37567
Scott Halstead Assistant Foreman Certificate No. 1659-A
37567
 Superintendent or Assistant

Use Indefinable Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-5-09 Shift Evening Area or Section #3 Section

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 actions like 'none observed', 'needs cleaned & dusted', 'scrap cut', 'bolted', 'reported'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for location 1-7 at various times, all reporting 0% CH4.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for Lt and Rt Return air courses at various times, all reporting 0% CH4.

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 page 4 section 16 with entire crew at end of shift. Also did smoke search

Signatures and titles: Assistant Mine, Certificate No. 1659-A, Mine Foreman-Mine Manager, Certificate No. 390000, Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Oct. 5 2007 Section or Area Examined 3-Section
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Jim Williams Time 11:03 P.M.
 Report received by Jerry Bushweller (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-3-4-7 ch000</u>	<u>none observed</u>	<u>none</u>
2. <u>2c</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
3. <u>5-G</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>20,952</u>		
<u>Rt LOB</u>	<u>21,945</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CH₄ 0.0% CO 0% O₂ 20.8% at time of exam
Power center, chargers, travelways clear at time of exam
Outby Chamber - no spatter.
Intake Phase not working

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

Signed By Jim Williams Certificate No. 1659-A
 Preshift-Mine Examiner
 Countersigned Jerry Bushweller Certificate No. 1259-A
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Oct 6 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>5:00AM</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>#1</u>	<u>5:48AM</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

1757A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-09 20. Section or Area Examined 3 section
Time of Examination: from 7:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Berrydaff Time 6:00 (AM) P.M.
Report received by Jim Bayne (Signed) 32261

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
#1 Face	0%	None observed	None
#2 Face	0%	" "	"
#3 Leg Face	0%	Scrap cut	Reflector being
#3 Face	0%	Head cleaned & dusted	Reputed
#4 Face	0%	None observed	None
#5 Face	0%	Head cleaned & dusted	Reputed
#6 Face	0%	" " "	"
#7 Face	0%	Scrap cut	Reflector being
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Z. 20B	24,256		
R. 20B	17,573		

Remarks: O% CH₄, D% CO₂ 20.8% O₂ detected
track, tramways, some slopes, changes repeat
Trotter when not working
Dusty chamber ok at exam but no detector

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] 1767-A Certificate No. 2023
Countersigned [Signature] Assistant Foreman 8h
Mine Manager - Mine Foreman [Signature] Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-6-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. # 3 ^L	Scrap cut	Corrected
3. # 3	Needs cleaned & dusted	Corrected
4. # 5	Needs cleaned & dusted	Corrected
5.		
6. # 7	Scrap cut	Corrected
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Ret	7:00	0%	6.		
2. R Ret	7:30	0%	7.		
3.			8.		
4. L Ret	11:00	0%	9.		
5. R Ret	11:30	0%	10.		

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof control
Plan with entire crew on End of track

Sh. P. Assistant Mine
1044-A Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] Certificate No.
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-6-09 20 Section or Area Examined #3 section
 Time of Examination: from 2 a.m. or pm to 2:50 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time 3:10 PM
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>O'ch</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u> <u>O'ch</u>	<u>N/A</u>	<u>none</u>
3. <u>3</u> <u>O'ch</u>	<u>muds cleaned & dusted</u>	<u>Reported</u>
4. <u>3L</u> <u>O'ch</u>	<u>muds cleaned & dusted</u>	<u>Reported</u>
5. <u>4</u> <u>O'ch</u>	<u>N/A</u>	<u>none</u>
6. <u>5L</u> <u>O'ch</u>	<u>NOT Bolted</u>	<u>Reflectors hung</u>
7. <u>6</u> <u>O'ch</u>	<u>SCRAP cut</u>	<u>Reflectors hung</u>
8. <u>7</u> <u>O'ch</u>	<u>needs Add cleaning</u>	<u>Reported</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>2+</u>	<u>23150</u>	
	<u>RT</u>	<u>21800</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

trunkways, walkways, haulways, pulverizer and outby shelter clean at time of exam

Intake Probe OK At 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 Shannon Perdue Preshift-Mine Examiner Certificate No. 1659-A
 Countersigned Bruce Collins Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1543-A
Shannon Perdue Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6-09 Shift EVENING Area or Section #3 SECTION

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 #2	NONE	Reported
2. #3 #36	needs cleaned & dusted	corrected
3. #4	NONE	Reported
4. #5	not Bolted	Bolted & inspected
5. #6 Scrap cut	Scrap cut	Corrected
6. #7	needs added cleaning	cleaned
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	5:00 PM	0% CH ₄	6.		
2. Rt Return	4:30 PM	↓	7.		
3.			8.		
4. Lt Return	8:30 PM		9.		
5. Rt Return	9:00 PM		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 page 4 para 10-12 of R&P with entire crew at end of shift

[Signature] Assistant Mine 1659-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 Oct 6 2009 Section or Area Examined 3 Section
 Time of Examination: from 10:00 a.m. or pm to 10:55 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time A.M 1055 (P.M.)
 Report received by Jeremy Buzdoff
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-7</u>	<u>CH⁴ 0.0%</u> <u>none observed</u>	<u>none</u>
2. <u>3</u>	<u>Obshy</u> <u>needs cleaned and dusted</u>	<u>Reported</u>
3. <u>4</u>	<u>Obshy</u> <u>Loose and wide Bolts</u>	<u>Reported and Marked</u>
4. <u>5</u>	<u>Obshy</u> <u>Scrap cut</u>	<u>Reflector off</u>
5. <u>6</u>	<u>Obshy</u> <u>needs cleaned ^{needs Jacks} set on ^{corner} Tuby</u>	<u>Reported</u>
6. <u>5L</u>	<u>Obshy</u> <u>not Bolted</u>	<u>Reflector off</u>
7. <u>7</u>	<u>Obshy</u> <u>not Bolted</u>	<u>Reflector off</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>23,364</u>		
<u>Rt LOB</u>	<u>20,880</u>		

Remarks: CH⁴ 0.0% CO 0% O₂ 20.8% at time of exam.
Powercenter, chargers, travelways clear at time of exam.
Intake Phase 04 and outby chamber OK but no spotter

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 Tim Williams Certificate No. 1659-A
 Countersigned Jeremy Buzdoff 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 Sep 07 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. <u>#6 entry</u>	<u>Wide Entry</u>	<u>Set Jacks</u>
7. _____	_____	_____
8. _____	_____	_____

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. <u>18FC6</u>	_____	_____
6. _____	_____	_____	16. <u>15018</u>	_____	_____
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 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>5:46 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) _____

 Assistant Mine Foreman
1259-A Certificate No.
 Mine Foreman - Mine Manager
 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-7-09 2009 Section or Area Examined #3
Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Jimmy Burdaugh 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 10 rows of inspection data including entries, bolts, and reflectors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L LAB and R LAB.

Remarks: Powercable truckways Intake phone clear at time of exam

CH4 O2 CO
0% 20.8 0

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. 1735-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 1164-A
Assistant Foreman

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-9

Shift Day

Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 2	2 wide Bolts #2 Brk out by ^{2 wide Bolts} loose bolt	Corrected Spot Bolted
2. 2 Rt	wid 21-22-ft wide	Corrected Set timbers.
3. 3	1 loose Bolt 2 Brake Bolts	Corrected Spot Bolted
4. 4	8 wide Bolts 1 loose Bolt	Corrected spot Bolted
5. 5	Not Bolted	Corrected Bolted
6. 6	cross Crosscut 25-27 ft wide	Corrected Set tracks.
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Ret	7:00	0%	6.		
2. R Ret	7:30	0%	7.		
3.			8.		
4. L Ret	11:00	0%	9.		
5. R Ret	11:30	0%	10.		

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 paragraph 21, 22, 23, 24 of Road control plan at end of Truels with entire crew

Assistant Mine

1664-A Certificate No

Mine Foreman-Mine Manager

Certificate No

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-7 2009 Section or Area Examined 3 section
 Time of Examination: from 200 a.m. or (P.M.) to 255 a.m. or (P.M.)
 Was this report phoned to outside: Yes (X) no _____ Time 305 P.M.
 By whom Shannon Perdue
 Report received by George Curry (Signed) 27429

Violations and other Hazardous Conditions, Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>13-142</u> <u>0%</u> CH ₄	<u>none observed</u>	<u>none</u>
2. <u>2-172</u> <u>0%</u> CH ₄	<u>nut bolted</u>	<u>reflected off</u>
3. <u>3-172</u> <u>0%</u> CH ₄	<u>part bolted</u>	<u>reflected off</u>
4. <u>4-172</u> <u>0%</u> CH ₄	<u>scrap cut</u>	<u>reported</u>
5. <u>5-172</u> <u>0%</u> CH ₄	<u>needs cleaned / dusted</u>	<u>reported</u>
6. <u>6-172</u> <u>0%</u> CH ₄	<u>none observed</u>	<u>none</u>
7. <u>7-172</u> <u>0%</u> CH ₄	<u>need cleaned / dusted</u>	<u>reported</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Left</u>	<u>21300</u>	_____	_____
<u>Right</u>	<u>20450</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂ - track, travelways, p.c.s,
obses, chargers OK at time of exam

Duty 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 Shannon Perdue Preshift-Mine Examiner Certificate No. 1664-A
 Countersigned George Curry Mine Manager—Mine Foreman Assistant Foreman Certificate No. 27429
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-09 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 observed	Reported
2. #2	Not bolted	Corrected
3. #3	Part Bolted	" "
4. #4	Scrap Cut	" "
5. #5	Needs cleaned & dusted	cleaned & dusted
6. #6	None observed	Reported
7. #7	Needs cleaned & dusted	cleaned & dusted
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	430 PM	0% CH ₄	6.		
2. Rt Return	500 PM	0% CH ₄	7.		
3.			8.		
4. Lt Return	830 PM	0% CH ₄	9.		
5. Rt Return	900 PM	0% CH ₄	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 Page 5 section 26 with
ENTIRE CREW at End of TRACT

Jim Williams Assistant Mine Certificate No. 1659-A
Charles Cook Mine Foreman-Mine Manager Certificate No. 3388
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-7 2009 Section or Area Examined 3 Section
 Time of Examination: from 10 a.m. or 6 p.m. to 1045 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 11 AM
 Report received by Joey Ikenot 39189
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>D^ochy</u>	<u>Spot Bolted</u>	<u>reflected</u>
2. <u>2L</u> <u>D^ochy</u>	<u>not Bolted</u>	<u>reflected</u>
3. <u>2</u> <u>D^ochy</u>	<u>needs Dusted</u>	<u>reported</u>
4. <u>3</u> <u>D^ochy</u>	<u>⚡</u>	<u>⚡</u>
5. <u>4</u> <u>D^ochy</u>	<u>⚡</u>	<u>⚡</u>
6. <u>4L</u> <u>D^ochy</u>	<u>⚡</u>	<u>⚡</u>
7. <u>5</u> <u>D^ochy</u>	<u>needs Dusted</u>	<u>reported</u>
8. <u>6</u> <u>D^ochy</u>	<u>Scrap</u>	<u>reported</u>
9. <u>7</u> <u>D^ochy</u>	<u>needs Clean and Dusted</u>	<u>reported</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB R</u>	<u>20,593</u>		
<u>LOB L</u>	<u>20,520</u>		

Remarks: 0% CH₄, 0% CO₂, 20.82 O₂ Detected at exam

Chamber OK at exam
Intake Phase OK at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 Tim Williams 1659-A Joey Ikenot 1789-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Joey Ikenot Joey Ikenot
 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. _____	_____	_____

None

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

3 sec.

Date of Examination 10-6 20-9 Section or Area Examined _____
 Time of Examination: from 9:40 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom S. Keegan Time A.M. 10:45 P.M. _____
 Report received by T. Keegan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Hdg's O ₂ CH ₄	part Bolted need clean dusted	Reflector Rep
2. 2		
3. 3 LT.	SCRAP	Reflector
4. 4	N/O	
5. 5	SCRAP	Reflector
6. 6	N/O	
7. 7	N/O	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
WT.	21,000		
RT.	22,850		

Remarks: Recorded O₂ 20.8 or 20.0%

Chambers OK

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported Violation or Hazardous Condition

Location

Action taken

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Location Time Methane Content Location Time Methane Content

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10. Includes handwritten 'No' and 'd'.

Examinations for Methane in Return Aircourses

Location Time Methane Content Location Time Methane Content

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

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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-6 2009 Section or Area Examined 3
 Time of Examination: from 10 a.m. or 6 p.m. to 10:45 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 1100 A.M. 1100 P.M.
 Report received by Jay Shrest 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>10% ch₄</u> <u>need add Dusting</u>	<u>Reported</u>
2. <u>2</u>	<u>10% ch₄</u> <u>need add Dusting</u>	<u>Reported</u>
3. <u>3</u>	<u>10% ch₄</u> <u>need add Dusting</u>	<u>Reported</u>
4. <u>4</u>	<u>10% ch₄</u> <u>Need cleaned and Dusted</u>	<u>Reported</u>
5. <u>SL</u>	<u>10% ch₄</u> <u>Not Bolted</u>	<u>Reported Reflected</u>
6. <u>S</u>	<u>10% ch₄</u> <u>Need Clean + Dusted</u>	<u>Reported</u>
7. <u>6</u>	<u>10% ch₄</u> <u>need cleaned + Dusted</u>	<u>Reported</u>
8. <u>7</u>	<u>10% ch₄</u> <u>not Bolted</u>	<u>Reflected</u>
9.		
10.		

Location	Air Measurements	Location	CFM
<u>RT LOB</u>	<u>20,880</u>		
<u>LT LOB</u>	<u>21,168</u>		

Remarks:

No spotter in chamber
Intake phone OK
PC, Trunkway, Chargers OK at exam
0% CH₄, 0% CO 20.8% O₂ Detected at 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 Tim Williams Preshift-Mine Examiner Certificate No. 1659-A
 Countersigned Jay Shrest Mine Manager—Mine Foreman Assistant 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 Oct 8, 09 Shift Over 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. # 2 entry	2 missing Bolts, 1 wide Bolts	Spot Bolted
7. # 3 entry	1 Brake and 2 wide Bolts	Spot Bolted
8. # 2 CC	1 missing and 1 Damage	Spot Bolted

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. CH ₄	0.0%	-----	11. -----	-----	-----
2. CO	0.90	-----	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	4:00am	0.0%	6. -----	-----	-----
2. #1	5:03am	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) -----

[Signature]
Assistant Mine

1754A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

321
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-8 2009 Section or Area Examined #3
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Deeray Burdoux Time 6:10 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.	Entry <u>0% CH₄</u> <u>Needs cleaned & dusted</u>	<u>Needs cleaned & dusted.</u>	<u>Reported</u>
2.		<u>Needs additional cleaning</u>	<u>Reported</u>
3.		<u>Needs additional cleaning</u>	<u>Reported</u>
4.		<u>Needs additional cleaning</u>	<u>Reported</u>
5.		<u>Not Bolted</u>	<u>Reflector Hung</u>
6.		<u>Scrap cut</u>	<u>Reflector Hung</u>
7.		<u>Needs cleaned</u>	<u>Reported</u>
8.	Entry <u>0% CH₄</u>	<u>Needs additional cleaning</u>	<u>Reported</u>
9.	<u>GR+</u>	<u>Inby corner need Bolts</u>	<u>Reported</u>
10.	<u>2 X cut</u>	<u>3 wide Bolts</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>L hob</u>	<u>22061</u>		
<u>R hob</u>	<u>20859</u>		

Remarks: Powercenter, travelways, outby chamber ok at time of exam Chamber Needs a spotter.

Section Needs additional cleaning.

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 [Signature] Preshift Mine Examiner Certificate No. 1787-A
 Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 1664-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-7 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as 'Needs cleaned & dusted', 'Needs additional cleaning', 'Not Bolted', 'Scrap cut', 'Needs cleaned', 'Needs additional cleaning', 'Inby Corner Needs Bolts', '3 wide Bolts'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of methane examination data, all showing 0% methane content at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of methane examination data in return aircourses, all showing 0% methane content.

Number of Bolts Tested 15 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof Control Plan Paragraph 1, 2, 3, 4 with entire crew in both at end of Track

Signatures and titles: Assistant Mine, Certificate No. 1664-A, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-8-09 20. Section or Area Examined #3
 Time of Examination: from 2 a.m. or 9 p.m. to 2:50 a.m. or 9 p.m.
 Was this report phoned to outside: Yes 2 no _____
 By whom Shannon Verdyge Time 3:05 (P.M.)
 Report received by Brian Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH4 0%</u>	<u>Paint Bolted</u>	<u>Reflectors</u>
2.	<u>11</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
3.	<u>14</u>	<u>Not Bolted</u>	<u>Reflectors</u>
4.	<u>16</u>	<u>N/A</u>	<u>NONE</u>
5.	<u>21</u>	<u>N/A</u>	<u>NONE</u>
6.	<u>SR 21</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
7.	<u>51</u>	<u>N/A</u>	<u>NONE</u>
8.	<u>51</u>	<u>N/A</u>	<u>NONE</u>
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 22,688</u>		
	<u>Rt 21,250</u>		

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

keyways, walkways, haulageways, powerlines and outby shelter clear at TOE

Intake Phone OK At 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. 1664-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 1659-A
[Signature] Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-09 Shift Evening Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1	Part Bolted	Corrected
2.	#2	Scrap cut	Corrected
3.	#3	not Bolted	Bolted, Reflectored
4.	#4 #5	none observed	Reported
5.	#5 R	Scrap cut	Corrected
6.	#6 #7	none observed	Reported
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	4:30 PM	0% CH ₄	6.			
2.	Rt Return	5:00 PM	↓	7.			
3.				8.			
4.	Lt Return	9:00 PM		9.			
5.	Rt Return	8:30 PM		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 page 6 paragraph 30 of RCP with entire crew at end of track

Jim P. [Signature]
Assistant Mine

1659-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3300000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Oct 8 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:00 a.m. or 10:55 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Jim Williams Time 11:15 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>1-3-5-SR-6a'00b</u>	<u>Clean and Dusted</u>	<u>Reported</u>
2. <u>2-</u>	<u>none observed</u>	<u>none</u>
3. <u>3L-4-7</u>	<u>Not Bolted</u>	<u>Reflector off</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>20,956</u>	_____	_____
<u>RT</u>	<u>20,664</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CH₄ 0.0% CO₂ 0.0% O₂ 20.8% at time of exam.
Powercorder, chargers, travelways clear at time of exam
Outby Chamber needs greather
Inside Phase of

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. 1659-A
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 1759-11
 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 Oct 9, 09 Shift 021 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># 3L</u>	<u>Timbers missing in wide Entry</u>	<u>Reset timbers</u>
7. <u># 2 Intersection</u>	<u>1 broke and one loose Bolt</u>	<u>Spotted Bolts</u>
8. _____	_____	_____

Section Idle

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch¹</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>000</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>02</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>5:07 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

1259A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-9-09 2009 Section or Area Examined #3
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Denny Burdough Time 5:50 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 0% CH ₄	Not Bolted	Reflector Hung
2. 2 0% CH ₄	Part Bolted	Reflector Hung
3. 3 "	Part Bolted	Reflector Hung
4. 3L "	None Observed	Reflector Hung
5. 4 "	None Observed	Reflector Hung
6. 5 "	Needs cleaned & dusted	Reported
7. SR "	Needs cleaned & dusted	Reported
8. 6 "	Scrap cut	Reflector Hung
9. 7 "	Part Bolted	Reflector Hung
10. #2 Intersection	1 Broke Bolt	Tagged
#4 1 Broke by feeder.	1 Broke Bolt	Tagged

Air Measurements

Location	CFM	Location	CFM
L HOB	23480		
R HOB	20042		

Remarks: Powercenter, Trunkways, Outby chamber Intake phone OK at time of exam

CH₄ O₂ CO
 0% 20.8 0

Section Needs additional Charing

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] 1397A Assistant Foreman
 Countersigned [Signature] 3506000 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Not Bolted</u>	<u>Corrected</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>Corrected</u>
3. <u>3</u>	<u>Part Bolted</u>	<u>Corrected</u>
4. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>SR</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
6. <u>6</u>	<u>Scrapcut</u>	<u>Corrected</u>
7. <u>7</u>	<u>Part Bolted</u>	<u>Corrected</u>
8. <u>#2 Intersection</u>	<u>1 Broke Bolt</u>	<u>Corrected</u>
<u>#4 + 1 Brk in by feeder</u>	<u>1 Broke Bolt</u>	<u>Corrected</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof Control

Plan with entire crew at end of Track Paragraph 56748

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-9-09 Section or Area Examined #3 sect
 Time of Examination: from 2 a.m. or PM to 2:55 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time AM 3:00
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH4 0%</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
2. <u> </u>	<u>needs Add cleaning</u>	<u>Reported</u>
3. <u>2L</u>	<u>NOT Bolted</u>	<u>Reflectors</u>
4. <u>3</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
5. <u>4</u>	<u>needs Add cleaning</u>	<u>Reported</u>
6. <u>4R</u>	<u>Part Bolted</u>	<u>Reflectors</u>
7. <u>5</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
8. <u>6R</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
9. <u>7</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT 22,160</u>		
	<u>RT 20,100</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

thruways, walkways, haulageways, powercables and cutting shutes ok at time of exam

Intake Phone OK At 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 Shannon Perdue Preshift-Mine Examiner
 Countersigned Bruce Collins Mine Manager—Mine Foreman
Jim Collins Assistant Foreman
1543-A Certificate No.
1657-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift Evening Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries such as '#1 needs cleaned & dusted', '#2 #4 needs added cleaning', '#3 not bolted', '#5 scrap cut', '#6R needs cleaned & dusted', '#7 scrap cut', '#7 needs cleaned & dusted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of data for methane examinations, with handwritten entries for locations '1-7' and times '430-500', '630-700', '830-900', '1030-1100'. A large downward arrow is drawn in the Methane Content column.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of data for methane examinations in return aircourses, with handwritten entries for 'Lt Return' and 'Rt Return' at various times (300 PM, 430 PM, 830 PM, 900 PM) and '0% CH4'.

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 page 5 chapter 26 from RCP

With open at end of track

Assistant Mine

1659A 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 Oct 9 2009 Section or Area Examined 3-Section
 Time of Examination: from 11:00 a.m. or 6:00 p.m. to 11:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Willem Time 11:22 A.M. (P.M.)
 Report received by Jeremy Blagden (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Lt-6Rt ch ⁴	8 not Bolted	Reflector off
2. 1	stopped	None
3. 2	Part Bolted	Reflector off
4. 2L-3-5-7	Clean and Dusted	Reported
5. 4 intersection	2 Damage Bolts	Reported, marked
6. 4L	not Bolted	Reflector
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	21,960		
Rt LOB	20,272		

Remarks: CH⁴ 0.0% @ 0.80² 208% at time of exam.
Powercenter, chargers, travelways clear at time of exam
Outby Chamber and Intake Phase 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 Tim Willem Preshift-Mine Examiner Certificate No. 1659A
 Countersigned Jeremy Blagden Mine Manager—Mine Foreman Certificate No. 1789-B
 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 Oct 10, 09 Shift 0W1 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>Ch 4</u>	<u>0.0%</u>		11.		
2. <u>CO</u>	<u>0%</u>		12.		
3. <u>0%</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>4:44 AM</u>	<u>0.0%</u>	6.		
2. <u>#1</u>	<u>5:36 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

1753-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10-09 2009 Section or Area Examined #3
Time of Examination: from 4:35 a.m. or p.m. to 5:35 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Jeremy Burdaugh Time 5:50 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 inspection data including locations like 'Entry 0% CH4' and actions like 'Needs cleaned', 'Not Bolted', 'Needs dusted', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air measurement data for 'L hob' (21627) and 'R hob' (20870).

Remarks: Powercenter + Travelways clear at time of exam Outby chamber OK
Intake phone OK
CH4 0% O2 20.8 CO 0
Section Needs additional 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] Certificate No. 1759A
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 1664-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 10-10-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Needs cleaned</u>	<u>Corrected</u>
2. <u>1L</u>	<u>Not Bolted</u>	<u>Corrected</u>
3. <u>2</u>	<u>Needs dusted</u>	<u>Corrected</u>
4. <u>3</u>	<u>Part Bolted</u>	<u>Corrected</u>
5. <u>4</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
6. <u>4L</u>	<u>Part Bolted</u>	<u>Corrected</u>
7. <u>5</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
8. <u>6</u>	<u>Part Bolted</u>	<u>Corrected</u>
<u>6R</u>	<u>Scrap cut</u>	<u>Corrected</u>
<u>7</u>	<u>Scrap cut</u>	<u>Corrected</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 40 of roof control plan paragraph 12, 13, 14, 15

[Signature] Assistant Mine Certificate No. 1664-A
[Signature] Mine Foreman-Mine Manager Certificate No. 3571
[Signature] Superintendent or Assistant

sm 50
Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-10 Section or Area Examined #3 Section
Time of Examination: from 2:00 a.m. or 6:00 p.m. to 2:00 a.m. or 6:00 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perkins Time 3:05 A.M. P.M.
Report received by Tim Williams
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #16	0% ch4 needs cleaned & dusted	Reported
2. #1	scrap cut	Reported
3. #2	needs cleaned & dusted	Reported
4. #3 #4 #5 #6	none observed	Reported
5. #7	needs cleaned & dusted	Reported
6. #7R	Part Bolted	Reported, Re-Inspected
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Lt Lob	22,150	0% ch4	
Rt Lob	20,600	0% ch4	

Remarks: Power centers, chargers, track & travel ways OK at TOE
it take phone off
chamber - OK

0% Ch4 20.8% O2 0% Co

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

Signed By [Signature]
Preshift-Mine Examiner

1659-A
Certificate No.
[Signature]

[Signature]
Assistant Foreman

1659-A
Certificate No.

Countersigned [Signature]
Mine Manager - Mine Foreman
Assistant Foreman

Superintendent or Assistant