

2 Section

15-6WM  
8-25-2010

# PRESHIFT - ONSHIFT and DAILY REPORT

*Full* START 8-21-09  
FINISH 9-8-09

Company UBB

Mine PERFORMANCE COAL

SECTION # 2

LOCATION \_\_\_\_\_

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-21-89 20 Section or Area Examined 2 Section
Time of Examination: from 9:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time 10:37 A.M. P.M.
Report received by (Signed)

Table with 3 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Contains handwritten entries for locations 1-4.

Table with 4 columns: Location, Air Measurements, Location, CFM. Contains handwritten entry for location LO B with CFM 19584.

Remarks: Chamber OK, power centers chargers, tramways haulage ways clear
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 Jack Martin Preshift-Mine Examiner Certificate No. 3793
Countersigned Mine Manager-Mine Foreman Assistant Foreman Certificate No. 3722
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-21-09 Shift DAY Area or Section AZ

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1-</u>	<u>None observed</u>	<u>None</u>
2.	<u>2-</u>	<u>SCIP CUT Rockdown</u>	<u>CUT + Pd + Bolted</u>
3.	<u>3L-</u>	<u>NEEDS cleaned + DUSTED</u>	<u>cleaned + DUSTED</u>
4.	<u>3</u>	<u>None observed</u>	<u>None</u>
5.	<u>4-</u>	<u>Need cleaned</u>	<u>cleaned + DUSTED</u>
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4-</u>	<u>1155-1210pm</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-4-</u>	<u>115-145pm</u>	<u>0%</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>Return-</u>	<u>1150A</u>	<u>0%</u>	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 4  
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 RCP Pg 5 #18-

w/clew at start of shift

Jack Martin  
Assistant Mine

37793  
Certificate No.

[Signature]  
Mine Foreman - Mine Manager

[Signature]  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-21 2009 Section or Area Examined #2  
Time of Examination: from 1:15 a.m. or p.m. to 1:45 a.m. or p.m.  
Was this report phoned to outside: Yes [checked] no  
By whom Jack Martin Time A.M. 2:00 P.M.  
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0% CH4	Reported
2	N/O	Tagged + Reported
3	part Batted	Tagged + Reported
4	scrap cut	Tagged + Reported
5	N/O	Reported
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	15,984		
20.802			
0% CH4			

Remarks: Powercenter, R-ways, Chargers Travelways Clear  
Intake phone OK  
Air Chamber OK Section Safe + 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 Jack Martin 37793 Preshift-Mine Examiner  
Countersigned Rick Hutchens 37569 Mine Manager-Mine Foreman  
Assistant Foreman 32094 Certificate No.  
Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-21-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken	
1.	<u>2</u>	<u>0% CH4</u>	<u>PAKT Bolted</u>	<u>Corrected</u>
2.	<u>3</u>	<u>0% CH4</u>	<u>Scrap Cut</u>	<u>Corrected</u>
3.				
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>4:00-4:20</u>	<u>0 % CH4</u>	11.			
2.	<u>1-4</u>	<u>6:00-6:30</u>	<u>0 %</u>	12.			
3.	<u>1-4</u>		<u>0 %</u>	13.			
4.	<u>1-4</u>		<u>0% CH4</u>	14.			
5.				15.			
6.				16.			
7.	<u>20.8°</u>			17.			
8.	<u>0% CH4</u>			18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Returns</u>	<u>3:59 pm</u>	<u>0.8% CH4</u>	6.			
2.	<u>Returns</u>	<u>6:31 pm</u>	<u>0.8% CH4</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 7 # 31 + 32 3:40 pm RCP

Sections Safe & Clear at Time of Exam

Rich Hutchins 37569  
Assistant Mine Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-21 2009 Section or Area Examined #2  
Time of Examination: from 6:00 a.m. or p.m. to 6:30 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brought out Time          A.M.          P.M.  
Report received by           
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0%CH4</u> <u>N/O</u>	<u>Reported</u>
2. <u>2</u>	<u>NEEDS CLEANED</u>	<u>Reported</u>
3. <u>3</u>	<u>SCRAP CUT</u>	<u>Taged + Reported</u>
4. <u>4</u>	<u>N/O</u>	<u>Reported</u>
5. <u>        </u>	<u>        </u>	<u>        </u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>16,010</u>		
<u>0%CH4</u>			
<u>20.802</u>			
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: powercenter, Chargers, R-ways, Feeder Clear  
Section Safe + Clear at Time of Exam  
INTAKE phone OK  
AIR Chamber OK

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

Signed By Rick Hutchins 37569 Ray 32284  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned                    
Mine Manager - Mine Foreman Assistant Foreman

          
Assistant Foreman

          
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-22-09 Shift 3ND Area or Section F2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>2</u>	<u>hands cleaned</u>	<u>Reported</u>
2.	<u>3</u>	<u>scrap</u>	<u>Reflected</u>
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine  
32224 [Signature] Certificate No. Mine Foreman-Mine Manager  
32224 [Signature] Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-22-09 20 Section or Area Examined #2  
 Time of Examination: from 3300 or p.m. to 4300 or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kenny Farmer Time 545 (A.M.) P.M.  
 Report received by Jack Marks  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>0.0% ch<sub>4</sub></u>	<u>None observed</u>	<u>Ref</u>
2 <u>↓</u>	<u>Need add. cleaning</u>	<u>Ref</u>
3 <u>↓</u>	<u>Scrap cut</u>	<u>D-Tagged</u>
4 <u>↓</u>	<u>None observed</u>	<u>Ref</u>
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>14.640</u>		

Remarks: Power center - chargers - travel ways - haulageways  
Intake Phone  
A: chamber  
20.802  
0.0% ch<sub>4</sub>  
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 Kenny Farmer Preshift-Mine Examiner Certificate No. 32284  
 Countersigned Jack Marks Assistant Foreman Certificate No. 37793  
Jack Marks Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8.22.09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1st 4.</u>	<u>None observed</u>	<u>None</u>
2.	<u>2-</u>	<u>need add cleaning</u>	<u>Reported</u>
3.	<u>3-</u>	<u>SCRAP CUT</u>	<u>D-Tagged Reflectors</u>
4.	<u>4.</u>		
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.		

SECTION  
IDLE  
NO PRODUCTION

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) \_\_\_\_\_

Jack Martin  
Assistant Mine

37793  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

390000  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-22- 09 Section or Area Examined #2  
 Time of Examination: from 1145 or p.m. to 1225 a.m. or p.m.  
 Was this report phoned to outside: Yes 1 no 2  
 By whom Collected out Time          A.M.          P.M.  
 Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0.0% ch <sub>4</sub> None observed	Rep
2	Needs Bolts Replaced in face	D-Tagged
3	Set up cut	D-Tagged
4	None observed	Rep
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB.	15,281		

Remarks: Power cables - Chafers - Travelways  
Intake phone all clear time  
Air Chamber of exam  
20.9 oz  
0.0% ch<sub>4</sub>

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

Signed By Jack Moran 37793 Assistant Foreman Certificate No.  
 Countersigned Rick Hutchins 37569 Mine Foreman Certificate No.  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date 8-22-09 Shift EVE Area or Section # 2

*Violations and other Hazardous Conditions Observed and Reported*

Location	Violation or Hazardous Condition	Action taken
1. -----	-----	-----
2. -----	-----	-----
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	<u>Section Idle</u>	-----
7. -----	-----	-----
8. -----	<u>NO PRODUCTION</u>	-----

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested -----

Number of Bolts Torqued Above Range ----- Below Range -----

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-22 2009 Section or Area Examined #2
Time of Examination: from 7:00 a.m. or p.m. to 8:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought Out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4 with violations like '0% CH4' and 'Needs Bolts Replace in Face'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with CFM '16,730' and '20.802 0% CH4'.

Remarks: powercenter, R-ways, Travelways, Chargers Clear
Intake phone OK
Air Chamber OK All 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 Rick Hutchens 37569 Preshift-Mine Examiner Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-23 2009 Section or Area Examined 2 Section  
 Time of Examination: from 7:00 a.m. or p.m. to 7:50 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	CH <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>2</u>	<u>0%</u>	<u>Heads Rehalted</u>	<u>Jagged</u>
3. <u>3</u>	<u>0%</u>	<u>Scrap Put</u>	<u>Jagged</u>
4. <u>4</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>15,151</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Trancheys Radump Charges PC Air Chambers OK  
at time of exam  
O.C. 20.8% O<sub>2</sub> 0% CH<sub>4</sub>  
Section Needs Add'l Chaining & Dusting

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

Signed By W.P. Bailey Preshift Mine Examiner Certificate No. 27085  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 396202  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-23 Section or Area Examined 2 Section  
Time of Examination: from 1:30 a.m. or p.m. to 2:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for location 708 with CFM 15280.

Remarks: 26 off + travel ways roadways chengans P. center and air chambers clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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] 33238 Certificate No. Assistant Foreman [Signature] 32854 Certificate No.  
Countersigned [Signature] 3602 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 Feb-09 Shift 2nd of 1st Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

*[Signature]*  
Assistant Mine

*32894*  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-23 Section or Area Examined #2  
 Time of Examination: from 8:15 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom G. G. G. G. Time A.M./11:00 P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported		
Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>chf</u>	
2. <u>2</u>	<u>roads</u>	<u>RR P. H. J.</u>
3. <u>3</u>	<u>SCRAP</u>	<u>RR P. H. J.</u>
4. <u>4</u>	<u>n/o</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements			
Location	CFM	Location	CFM
<u>LOB</u>	<u>157190</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Lawways of haulways clear at  
time of exam  
Personnel of chf - n/o  
RR P. H. J. - n/o  
entire mine - n/o

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

Signed By \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_  
 Countersigned C. G. G. G. Mine Manager—Mine Foreman Certificate No. 32294  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-24-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Location 2, Violation Needs add Bolts, Action Le. Hester. Row 2: Location 3, Violation SCRAP, Action n.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten 'NO' and a signature 'Pro. J. J. ...' across the table.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten notes and numbers in the cells.

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

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

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

Signatures and names: Assistant Mine, Certificate No. 32294, Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-24-09 Section or Area Examined #2  
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Kenny Fairnes Time 5:45 A.M. P.M.  
 Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0.0% ch <sub>4</sub> needs spot bolted out by	D Angled dk
2	needs add. Bolting in	P. tagged
3	scrap <sup>face</sup> cut	D-tagged
4	None observed	Reported
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	13,400		

Remarks: Powder center charges - travel ways - haulage ways  
 Intake phone  
 Air Chamber  
 all clear time of EXAM.  
 20802  
 0.0% ch<sub>4</sub>  
 watch for DRAW hole

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] Pre-shift-Mine Examiner Certificate No. 30284  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 37293  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-24-09 Shift #2 Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1- <u>1-</u>	<u>Need spot Bolted <sup>INTERSEC.</sup> &amp; OUTBY -</u>	<u>Cable Bolted as req</u>
2- <u>2-</u>	<u>Need add Bolting <sup>IN FACE</sup> AREAS -</u>	<u>Bolted up</u>
3- <u>3-</u>	<u>SCRAP CUT -</u>	<u>CUT &amp; Bolted</u>
4- <u>4-</u>	<u>NONE OBSERVED -</u>	<u>NONE</u>
5- _____	_____	_____
6- _____	_____	_____
7- _____	_____	_____
8- _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1- <u>1-4-</u>	<u>8:20-8:35A</u>	<u>0%</u>	11- _____	_____	_____
2- _____	_____	_____	12- _____	_____	_____
3- <u>1-4-</u>	<u>10:20-10:35A</u>	<u>0%</u>	13- _____	_____	_____
4- _____	_____	_____	14- _____	_____	_____
5- <u>1-4-</u>	<u>12:20-12:35PM</u>	<u>0%</u>	15- _____	_____	_____
6- _____	_____	_____	16- _____	_____	_____
7- <u>1-4-</u>	<u>1:15-1:45PM</u>	<u>0%</u>	17- _____	_____	_____
8- _____	_____	_____	18- _____	_____	_____
9- _____	_____	_____	19- _____	_____	_____
10- _____	_____	_____	20- _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1- <u>Return-</u>	<u>8:15A</u>	<u>0%</u>	6- _____	_____	_____
2- _____	_____	_____	7- _____	_____	_____
3- <u>Return-</u>	<u>12:15PM</u>	<u>0%</u>	8- _____	_____	_____
4- _____	_____	_____	9- _____	_____	_____
5- _____	_____	_____	10- _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went out RCP 5-20-21-22 w/c few at start of shift

Jack Moran Assistant Mine 37793 Certificate No. [Signature] Mine Foreman-Mine Manager 320000 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-24 Section or Area Examined # 2  
Time of Examination: from 1:15 a.m. or p.m. to 1:45 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom JACK MARTIN Time AM 2:10 P.M.  
Report received by Rick Hutchins  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% ch4</u> <u>N/O</u>	<u>Reported</u>
2. <u>2L</u>	<u>0% ch4</u> <u>Scrap Cut</u>	<u>Taged + Reported</u>
3. <u>3</u>	<u>0% ch4</u> <u>PART Bolted</u>	<u>Taged + Reported</u>
4. <u>4</u>	<u>0% ch4</u> <u>N/O</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>16,721</u>	_____	_____
<u>0% ch4</u> <u>20.802</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Signed By Jack Martin Certificate No. 37793 Assistant Foreman  
Countersigned Rick Hutchins Mine Manager—Mine Foreman Certificate No. 390600  
Rick Hutchins Assistant Foreman Certificate No. 37569 Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-24-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2L</u>	<u>2% CH4</u> <u>Scrap Cut</u>	<u>Corrected</u>
2. <u>3</u>	<u>2% CH4</u> <u>part Bolted</u>	<u>Corrected</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:00-4:20</u>	<u>0 % CH4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>6:00-6:23</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>8:00-8:25</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>10:00-10:40</u>	<u>0 % CH4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>20.8%</u>	_____	_____	17. _____	_____	_____
8. <u>0% CH4</u>	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>3:58 pm</u>	<u>0 % CH4</u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:27 pm</u>	<u>0 % CH4</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5, #10 3:45pm RCP

Section Safe & Clear at Time of EXAM

Rich Hartelius 37569 Assistant Mine Superintendent or Assistant  
[Signature] Mine Foreman-Mine Manager  
[Signature] 82000 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-24 20. Section or Area Examined H2  
 Time of Examination: from 8:00 a.m. or 10:30 a.m. or 11:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom [Signature] Time 11:00 A.M. 11:00 P.M.  
 Report received by [Signature] (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>1</u>	<u>scrap</u>	<u>[Signature]</u>
2. <u>2XC</u>	<u>Paint Refill</u>	<u>[Signature]</u>
3. <u>3</u>	<u>scrap</u>	<u>[Signature]</u>
4. <u>4</u>	<u>off</u>	<u>[Signature]</u>
5.		
6.		
7.		
8.		
9.		
10.		

Location	Air Measurements	Location	CFM
<u>Los</u>	<u>16,980</u>		

Remarks: Travelways & Hallways clean at Track  
ok  
Ben Cup / change up  
Acc Chamber - ok  
rotor phone - ok

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

Signed By Rick Hutchens Certificate No. 37569  
 Preshift-Mine Examiner  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 8-25-09 Shift 3ND Area or Section H2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>scrap</u>	<u>B. H. D.</u>
2. <u>2XL</u>	<u>Part B. H. D.</u>	<u>R. P. H. J. J.</u>
3. <u>3</u>	<u>scrap</u>	<u>R. P. H. J. J.</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

*NO*  
*Pro. J. J. J.*

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine 32284 Certificate No. [Signature] Mine Foreman-Mine Manager 320607 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-25-09 20 Section or Area Examined #2  
 Time of Examination: from 3:00 a.m. or p.m. to 4:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kenny Palmer Time 5:45 P.M.  
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0.0% ch4 None observed	Reported
2	Part Bolted -	D-tagged
3	Scrap cut	D-tagged
4	None observed	Reported
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	12.120		

Remarks: Power center - Chargers - travel ways haulage ways -  
 Intake Phone all clear  
 Air Chamber - fine 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 Kenny Palmer Preshift-Mine Examiner Certificate No. 2284  
 Countersigned Jack Martin Mine Manager - Mine Foreman Assistant Foreman Certificate No. 32773  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-25-09 Shift DAY Area or Section A2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>None observed</u>	<u>None</u>
2. <u>2L-</u>	<u>Part Bolted</u>	<u>Bolted up</u>
3. <u>3-</u>	<u>Scrap cut</u>	<u>cut + Bolted</u>
4. <u>4-</u>	<u>None observed</u>	<u>None</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4-</u>	<u>705-720A</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-4-</u>	<u>905-920A</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-4-</u>	<u>1105-1120A</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-4-</u>	<u>100-140Pm</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>700A</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return.</u>	<u>1100AM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 5-20-21  
w/crew at start of shift

Jack M...  
Assistant Mine

37793  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-25 2009 Section or Area Examined #2  
Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Jack Martin Time 2:10 P.M.  
Report received by Rick Hutchens  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH4</u> <u>Scrap Cut</u>	<u>Taged + Reported</u>
2. <u>2, 2L</u>	<u>0% CH4</u> <u>N/O</u>	<u>Reported</u>
3. <u>3R</u>	<u>0% CH4</u> <u>Scrap Cut</u>	<u>Taged + Reported</u>
4. <u>4</u>	<u>0% CH4</u> <u>N/O</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>15,981</u>	_____	_____
<u>20.8</u> <u>0% CH4</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: powercenter, R-ways, Chargers, Haulage Ways Clear  
Intake phone OK  
Air Chamber OK AT TIME OF EXAM

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

Signed By Jack Martin Certificate No. 37797  
Preshift-Mine Examiner Assistant Foreman Certificate No. \_\_\_\_\_  
Countersigned Rick Hutchens Mine Manager—Mine Foreman  
Assistant Foreman Certificate No. 37569  
Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-25-09 Shift Even Area or Section # 7

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>3:40-4:00</u>	<u>0 % CH<sub>4</sub></u>	11. _____	_____	_____
2. <u>1-4</u>	<u>6:00-6:20</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>8:03-8:25</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>10:00-10:25</u>	<u>0 % CH<sub>4</sub></u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>0 % CH<sub>4</sub></u>	_____	_____	17. _____	_____	_____
8. <u>20.802</u>	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:09 pm</u>	<u>0 % CH<sub>4</sub></u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:27 pm</u>	<u>0 % CH<sub>4</sub></u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 7  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 # 10 3:35 pm RCP

Spectra Safe + Clear at Time of Exam  
Karl Hatcher 37569 Assistant Mine Certificate No.  
[Signature] Mine Foreman-Mine Manager  
380000 Superintendent or Assistant Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-25 2001 Section or Area Examined #2
Time of Examination: from 10:00 a.m. or p.m. to 10:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Hutchens Time A.M. 10:30 P.M.
Report received by Lang (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, #2, 3R, #4 with corresponding violations and actions like 'Part Bolted', 'None observed', 'Scrap cut', 'None observed', 'Tapped', 'Repaired', 'Tipped', 'Repaired'.

Air Measurements

Table for Air Measurements with columns for Location, CFM, Location, CFM. Handwritten entry: Location Lob, CFM 17380.

Remarks: Power center, Roadways, charger Handling my client at exam time
Intake phone ok
Air chamber ok

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

Use Indefible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 8-26-09 Shift 3<sup>rd</sup> Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>Part B/D</u>	<u>As per</u>
2.	<u>3XN</u>	<u>scrap</u>	<u>cutting</u>
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) \_\_\_\_\_

[Signature] Assistant Mine 32294 Certificate No. [Signature] Mine Foreman-Mine Manager 33062 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-26-2009 Section or Area Examined #2  
Time of Examination: from 3:00 a.m. or p.m. to 4:45 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Kenny Palmer Time 5:40 A.M. P.M.  
Report received by Joeck Maria (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1- 0.0% ch4	Need add. cleaning-	Reported
2- }	None observed	Rep
3- 3R-	Scrap cut	D-Tagged Reflector hanging
4- }	None observed	Rep.
5-		
6-		
7-		
8-		
9-		
10-		

Air Measurements

Location	CFM	Location	CFM
LOB	15,400		

Remarks: Power center chargers - travelway - haulageways  
Intake phone } all clear  
Air chamber- } time of exam  
20.8 oz.  
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 Kenny Palmer Preshift-Mine Examiner Certificate No. 32254  
Countersigned Joeck Maria Mine Manager-Mine Foreman Certificate No. 37793  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-26-07 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1- <u>1-</u>	<u>Need add. cleaning</u>	<u>cleaned &amp; dusted</u>
2- <u>2-</u>	<u>None observed</u>	<u>REF</u>
3- <u>3R-</u>	<u>SCRAP CUT</u>	<u>COT &amp; Bolted</u>
4- <u>4-</u>	<u>None observed</u>	<u>None</u>
5- _____	_____	_____
6- _____	_____	_____
7- _____	_____	_____
8- _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1- <u>1-4-</u>	<u>700-715A</u>	<u>0%</u>	11- _____	_____	_____
2- _____	_____	_____	12- _____	_____	_____
3- <u>1-4-</u>	<u>900-915A</u>	<u>0%</u>	13- _____	_____	_____
4- _____	_____	_____	14- _____	_____	_____
5- <u>1-4-</u>	<u>1100-1115A</u>	<u>0%</u>	15- _____	_____	_____
6- _____	_____	_____	16- _____	_____	_____
7- <u>1-4-</u>	<u>100-140PM</u>	<u>0%</u>	17- _____	_____	_____
8- _____	_____	_____	18- _____	_____	_____
9- _____	_____	_____	19- _____	_____	_____
10- _____	_____	_____	20- _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1- <u>Return-</u>	<u>655A</u>	<u>0%</u>	6- _____	_____	_____
2- _____	_____	_____	7- _____	_____	_____
3- <u>Return</u>	<u>1055A</u>	<u>0%</u>	8- _____	_____	_____
4- _____	_____	_____	9- _____	_____	_____
5- _____	_____	_____	10- _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP - Pg 5  
18-19-20- w/crew at start of shift

Jack Moran Assistant Mine Certificate No. 37773 [Signature] Mine Foreman-Mine Manager Certificate No. 37773 [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-26 2009 Section or Area Examined #2  
Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Jack Martin Time A.M. 2:10 P.M.  
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 0.0%CH4	part Bolted	Taged & Reported
2. 2	part Bolted	Taged & Reported
3. 3, 3RT	N/O	Reported
4. 4	Scrap Cut	Taged & Reported
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	16,320		
0%CH4			
20.8°2			

Remarks: Powercenter, Runways, Travelways, Haulage Clear  
Intake phone OK  
Air Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Jack Martin Preshift-Mine Examiner Certificate No. 37793  
Countersigned Rick Hutchens Mine Manager—Mine Foreman Certificate No. 37569  
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-26-09 Shift EVR Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Entries include '0 % CH4', 'PART Bolted', and 'Scrap Cut'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries show '1-4' locations and '0 % CH4' readings at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries show 'Return' locations and '0 % CH4' readings.

Number of Bolts Tested 8 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 4 #1 3:40pm RCP

Section Super + Clerk at time of Exam Rick Hutchins 37569 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-26 2009 Section or Area Examined 12  
 Time of Examination: from 10:10 a.m. or p.m. to 11:45 a.m. or p.m.  
 Was this report phoned to outside? Yes no  
 By whom [Signature] Time 11:15 A.M. P.M.  
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Roof Bolted</u>	<u>Reported</u>
2. <u>2</u>	<u>Scrap</u>	<u>u</u>
3. <u>3</u>	<u>[Signature]</u>	<u>---</u>
4. <u>38m</u>	<u>Roof</u>	<u>---</u>
5. <u>4</u>	<u>walls add dust</u>	<u>Reported</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOS</u>	<u>17,130</u>		

Remarks: Passways of Hales clean at time of  
Exam  
Ben Eng - u  
see above - u  
Wetka Ptona - u

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

Signed By Rich Hutchins 37569 Certificate No. [Signature] Assistant Foreman 32284 Certificate No.  
 Countersigned [Signature] Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Feb 27-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Roof SPD</u>	<u>Repaired</u>
2. <u>2</u>	<u>scrap</u>	<u>Repaired</u>
3. <u>4</u>	<u>roofs had set</u>	<u>corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine 30884 Certificate No. [Signature] Mine Foreman-Mine Manager 30884 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-27- 2009 Section or Area Examined #2  
 Time of Examination: from 3:30 a.m. or p.m. to 4:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kenny Farmer Time 5:50 A.M. P.M.  
 Report received by Jackman (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1	Part Bolted	D-tagged
2	Scrap cut	D-tagged
3	None observed	Ref
4	" "	Ref
5	None observed	Ref
6		
7		
8		
9		
10		

Location	Air Measurements	Location	CFM
LOB	14.100		

Remarks: Power cables charges - haulage ways travel ways  
 Intake Phone } all clear from  
 Air chamber } of exam  
 1

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 Kenny Farmer Preshift-Mine Examiner  
 Countersigned Jackman Mine Manager—Mine Foreman  
Jackman Assistant Foreman  
 Certificate No. 30024 Assistant Foreman  
 Certificate No. 200000

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-27-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 4 12-3 w/crew at start of shift 9:15 - Fire fighting duties

Signatures and titles: Jack Mason (Assistant Mine), Certificate No. 37793; Mine Foreman-Mine Manager; Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-27 2009 Section or Area Examined # 2  
 Time of Examination: from 7:00 a.m. or p.m. to 1:40 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Jack Martin Time 2:20 P.M.  
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. <u>0%CH4</u>	<u>part Bolted</u>	<u>Tagged + Reported</u>
2. <u>↓</u>	<u>N/O</u>	<u>{ }</u>
3. <u>↓</u>	<u>N/O</u>	<u>{ }</u>
4. <u>↓</u>	<u>N/O</u>	<u>{ }</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

Location	CFM	Location	CFM
<u>LOB</u>	<u>15,285</u>		
<u>0%CH4</u>			
<u>20.8°</u>			
<u>0°C</u>			

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

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

Signed By Jack Martin Preshift Mine Examiner Certificate No. 37293  
 Countersigned Rick Hutchens Mine Manager—Mine Foreman Certificate No. 8370  
Rick Hutchens Assistant Foreman Certificate No. 37569  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-27-89 Section or Area Examined #2  
 Time of Examination: from 10:10 a.m. to 10:10 a.m. of 89 p.m.  
 Was this report phoned to outside? Yes no  
 By whom Rick Hutchens Time 11:10 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. <u>1</u>	<u>not a/d</u>	<u>Refracted</u>
2. <u>2</u>	<u>[Signature]</u>	<u>[Signature]</u>
3. <u>3XC</u>	<u>was exposed</u>	<u>[Signature]</u>
4. <u>4</u>	<u>[Signature]</u>	<u>[Signature]</u>
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>16,980</u>		

Remarks: haulways & haulways clean at time  
of exam  
Rem. Qty of oxygen - 10%  
Air chamber - 10%  
whole floor - 10%

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

Signed By Rick Hutchens Certificate No. 37569  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 32284  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8.25.09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>NOT AID</u>	<u>Reported</u>
2.	<u>34C</u>	<u>roads closed</u>	<u>corrected</u>
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.		

*Production*

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine Foreman  
32254 Certificate No.  
[Signature] Mine Foreman-Mine Manager  
341000 Certificate No.  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-28-09 20. Section or Area Examined #2  
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Kenny Palmer Time 540 A.M. P.M.  
 Report received by Jack Manton (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>1- City</u>	<u>Not Bolted</u>	<u>Tagged</u>
<u>2- 2-3-4-2</u>	<u>None observed</u>	<u>Ref</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB-</u>	<u>16.800</u>		
<u>scrubber reading</u>			
<u>LT cm 7425</u>			
<u>RT cm 7260</u>			

Remarks: Power Center - Chargers - travel ways - haulage ways  
Air Chamber all clear films  
Intake phone 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 Jerry Preshift-Mine Examiner Certificate No. 3906002  
 Countersigned Jack Manton Mine Manager - Mine Foreman Assistant Foreman Certificate No. 37793  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-28-09 Shift O.P.Y. Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>#1</u>	<u>Not Bolted</u>	<u>Bolted up</u>
2.	<u>2-3-4</u>	<u>none observed</u>	<u>none</u>
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>700-715A</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-4</u>	<u>900-915A</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-4</u>	<u>1100-1115A</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-4</u>	<u>100-140pm</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>655A</u>	<u>0%</u>	6.			
2.				7.			
3.	<u>Return</u>	<u>1055A</u>	<u>0%</u>	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 16  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went w/ RCP Pg 4-6-7-8 w/ crew at start of shift

Jack Mann Assistant Mine 37793 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-28 2009 Section or Area Examined #2  
Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom JACK MARTIN Time A.M. 2:00 P.M.  
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1, 2	N/A	Reported
2. 3L	Needs Add. Cleaning	Reported
3. 3	part Bolted	Taged + Reported
4. 4	Scrap Cut	Taged + Reported
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	16,290		
20.80%			
0% CH4			

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

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

Signed By Jack Martin Preshift-Mine Examiner Certificate No. 3793  
Countersigned Rick Hutchens Mine Foreman Assistant Foreman Certificate No. 3306001  
37569

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-28-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	3L	0%CH4 need Add Cleaning	Corrected
2.	3	part Bolted	Corrected
3.	4	Scrap Cut	Corrected
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	3:45-4:15	0 %CH4	11.			
2.	1-4	6:00-6:20	0 %	12.			
3.	1-4	8:00-8:23	0 %	13.			
4.	1-4	10:15-10:45	0 %CH4	14.			
5.				15.			
6.				16.			
7.	20.8°z			17.			
8.	0%CH4			18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	4:17pm	0 %CH4	6.			
2.	Return	8:25pm	0 %CH4	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 4, #1 3:40pm RCP

Section Safe & Clean at Time of Exam  
Rick Hutchens 37569 Assistant Mine  
Conrad 39111 Mine Foreman-Mine Manager  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination P 28 Section or Area Examined #2  
 Time of Examination: from 10:15 (a.m. or p.m.) to 10:45 (a.m. or p.m.)  
 Was this report phoned to outside? Yes  No   
 By whom Legg Time 11:05 A.M.  P.M.   
 Report received by Legg (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
<u>1</u>	<u>no</u>	
<u>2</u>	<u>scrap</u>	<u>Reported</u>
<u>3</u>	<u>roads cleaned</u>	<u>Reported</u>
<u>4</u>	<u>no</u>	
<u>5</u>		
<u>6</u>		
<u>7</u>		
<u>8</u>		
<u>9</u>		
<u>10</u>		

#### Air Measurements

Location	CFM	Location	CFM
<u>LSD</u>	<u>16320</u>		

Remarks: roadways of haulway clean & have  
ok exam  
Power Cords - no  
are clean - no  
water down

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

Signed By Rick Hutchins Preshift-Mine Examiner Certificate No. 37569  
 Countersigned Legg Mine Manager - Mine Foreman Assistant Foreman Certificate No. 32294  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-29-09 Shift 3rd Area or Section R

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: 2XC, sweep, Re-Made. Row 2: 3, mats cleared, Repaired.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten 'NO' and a signature across the table.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten notes and numbers in the location and time columns.

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. 3884, Mine Foreman-Mine Manager, Certificate No. 3800, Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-29-2009 Section or Area Examined #2

Time of Examination: from 400 a.m. or p.m. to 500 a.m. or p.m.

Was this report phoned to outside: Yes [checked] no

By whom Kenneth Farmer Time 600 A.M. P.M.

Report received by Kenny Thompson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4 with violations like 'None observed', 'SCRAP cut', 'Needs s&d', and 'None observed', and actions like 'Reported', 'Reflector', 'Reported', 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: Location LOB, CFM 16500.

Remarks: 0% CH4, 0ppm CO, 20.8% O2, TRACK, TRAVELWAYS, Haulways, Power centers, Chargers OK at time of ex same out by Chamber OK intake phone - OK

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32294 Kenneth Thompson Assistant Foreman Certificate No. 1689A

Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-29-09 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1,2 O%CH<sub>4</sub></u>	<u>NONE observed</u>	<u>Reported-NONE</u>
2. <u>2L</u>	<u>SCRAP CUT</u>	<u>Mined, Bolted, Reflect</u>
3. <u>3</u>	<u>Needs Clean &amp; Dusted</u>	<u>cleaned &amp; Dusted</u>
4. <u>4</u>	<u>NONE observed</u>	<u>NONE</u>
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:55AM</u>	<u>O%CH<sub>4</sub></u>	6.		
2. <u>Return</u>	<u>10:55AM</u>	<u>O%CH<sub>4</sub></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 Spot Bolt  
some where top had fallen out

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Roof control  
Plan with entire crew at end of track

Henry Thompson 10888  
Assistant Mine Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Superintendent or Assistant Certificate No.

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-29 2009 Section or Area Examined #2  
Time of Examination: from 7:30 a.m. or p.m. to 2:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Kenny Thompson Time A.M. 2:10 P.M.  
Report received by Rick Hutchens  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0% ch4 PART Bolt	Tag + Reported
2	N/O	Reported
3	N/C/D	Reported
4	SCRAP CUT	Tag + Reported
5	N/ADD CLEANING	Reported
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	18,470		
0% ch4			
20.8 O2			
0% CO			

Remarks: powercenter, R-ways, Chargers, Haulage, TRACK CLEAR  
at Time of EXAM  
Intake phone OK  
Air Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Kenny Thompson Certificate No. 1689A Kenny Thompson Certificate No. 1689A  
Preshift-Mine Examiner Assistant Foreman  
Countersigned Rick Hutchens Certificate No. 37569  
Mine Manager - Mine Foreman Assistant Foreman  
Rick Hutchens Certificate No. 37569  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 8-29-09 Shift Eve Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u> <u>0 %CH4</u>	<u>PAET Bolted</u>	<u>Corrected</u>
2. <u>3</u>	<u>N/C/D</u>	<u>Corrected</u>
3. <u>3R</u>	<u>SCRAP CUT</u>	<u>Corrected</u>
4. <u>4</u>	<u>N/ Add CLEANING</u>	<u>Corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. <u>3RT wide Bolts</u>	<u>spot Bolted, Edge of BK</u>	<u>Corrected</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>3:45-4:15</u>	<u>0 %CH4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>6:01-6:23</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>8:00-8:20</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>10:15-10:40</u>	<u>0 %CH4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. <u>0%CH4</u>	_____	_____	16. _____	_____	_____
7. <u>20.80%</u>	_____	_____	17. _____	_____	_____
8. <u>0% C°</u>	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>3:42 pm</u>	<u>0 %CH4</u>	6. _____	_____	_____
2. <u>Return</u>	<u>7:58 pm</u>	<u>0 %CH4</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #18-19 3:40pm R.C.P.

Section Safe and Clear at Time of Exam

Rick Hutchins 37569  
Assistant Mine Certificate No.

[Signature]  
Mine Foreman-Mine Manager Certificate No.

[Signature]  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-29 2009 Section or Area Examined #2
Time of Examination: from 10:15 a.m. or p.m. to 10:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Entry's, Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for O2/CH4, Scrap Cut, and N/O.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for LOB (17,110 CFM) and O2/CH4 (20.80%).

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Rick Hutchins 37569 Preshift-Mine Examiner Certificate No.
Countersigned [Signature] 3901000 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-30 2009 Section or Area Examined 2  
Time of Examination: from 4:10 a.m. or p.m. to 4:51 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Jason Thomas Time 5:25 A.M. P.M.  
Report received by George Currie (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1	none observed	reported
2. 2	Scrap cut	logged & reported
3. 3	none observed	reported
4. 4	" "	" "
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	17,320		

Remarks: power centers, 2 bees, chargers, walkways, trackways  
track 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 \_\_\_\_\_ 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.

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-30 2009 Section or Area Examined #2  
 Time of Examination: from 8:00 a.m. or p.m. to 8:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no no. 4  
 By whom Brought out Time      A.M.      P.M.  
 Report received by      (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 3, 4, 3RT</u>	<u>0% ch4</u>	<u>N/O</u>
2. <u>2</u>	<u>0% ch4</u>	<u>SCRAP CUT</u>
3. <u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>
6. <u>power OFF AT power Center</u>	<u>    </u>	<u>Reported</u>
7. <u>    </u>	<u>    </u>	<u>Tagged + Reported</u>
8. <u>    </u>	<u>    </u>	<u>    </u>
9. <u>    </u>	<u>    </u>	<u>    </u>
10. <u>    </u>	<u>    </u>	<u>    </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17,300</u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

Remarks: powercenter, Chargers, R-ways, Haulage 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 Rick Hutchins 37569 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 2-3-09 Shift 3rd Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine  
[Signature] 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 8-31 2009 Section or Area Examined #2 section

Time of Examination: from 3:00 a.m. or p.m. to 3:55 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Kenny Foreman Time 3:57 A.M. P.M.

Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-4 and a note 'No power at time of exam'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with '22,600' CFM.

Remarks: 0% CH4 0% CO 20.8 dr. Intake phone not sure if working. Power Center, Chargers, Road Wags, Haulage all 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. 30294 Assistant Foreman [Signature] Certificate No. 3300000

Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman [Signature]

Rick Hutchins 37569 Superintendent or Assistant [Signature] 26175

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 8-31 2009 Section or Area Examined 2 sections  
 Time of Examination: from 245 a.m. or (p.m) to 310 a.m. or (p.m)  
 Was this report phoned to outside: Yes 0 no ---  
 By whom John Beckford Time 330 A.M. (P.M)  
 Report received by George Curry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1) <u>1</u>	<u>needs sealed</u>	<u>Reported</u>
2) <u>2</u>	<u>scrap cut</u>	/
3) <u>3</u>	<u>none observed</u>	
4) <u>3 Right</u>	<u>none observed</u>	
5) <u>4</u>	<u>part bolted (rock down)</u>	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20520</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub>  
Track, travelways, pct's, charges 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 John H. Beckford 26176  
 Preshift Mine Examiner Certificate No.  
 Countersigned John H. Beckford 37569  
 Mine Manager—Mine Foreman  
Rick Hutchins 37569  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-31-09 Shift EVK Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	<u>Section Idle</u>	_____
6. _____	_____	_____
7. _____	<u>NO PRODUCTION</u>	_____
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) \_\_\_\_\_

Rick Hutchens 37569 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager 350000 Superintendent or Assistant Certificate No.



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-31 Section or Area Examined 09 #2
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside Yes No
By whom Time A.M. P.M.
Report received by (Signed)

Table with 3 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Row 1: 1, 3RT, 4, N/A, Reported. Row 2: 2, Scrap Cut, Tagged & Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: L00, 21,110.

Remarks: Airways & haulways clean at time of exam. Penn Cash - up. Day of work - up. Anticipate please.

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 Richard Hutchins 37569 Assistant Foreman 32294
Countersigned Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-1 2009 Section or Area Examined X/2  
 Time of Examination: from 4:00 a.m. or p.m. to 5:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey Time 6:00 A.M. P.M.  
 Report received by Kenny Thompson  
(Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#2</u>	<u>SCRAP</u>	<u>Reflector</u>
<u>#3, 3R</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#4</u>	<u>NONE observed</u>	<u>Reported</u>

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>11,970</u>		

Remarks: CH<sub>4</sub>, 0ppm CO, 20.8% O<sub>2</sub>, Haulways, TRACK,  
Power centers OK at time of exsame  
out by 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 Mike Bailey Preshift-Mine Examiner Certificate No. 21085  
 Countersigned Kenny Thompson Assistant Foreman Certificate No. 7689A  
[Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-1-9 Shift Day Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for methane examinations at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for methane examinations in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Roof Control at end of track. Includes signatures for Assistant Mine Foreman and Superintendent or Assistant.

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-1 2009 Section or Area Examined 2  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no   
 By whom Brought out Time 124 A.M. P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#2</u>	<u>SCRAP cut</u>	<u>Reflector</u>
<u>#3, 3R</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#4</u>	<u>NONE observed</u>	<u>Reported</u>
5.		
6.		
7.		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,877</u>		

Remarks: 0% CH4, 0% CO, 20.8% O2 + RACK, TRAVEL ways, Haul ways, power centers, chargers OK at time of exam. out by 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 Remy Thompson 1689A Certificate No. \_\_\_\_\_  
 Assistant Foreman Certificate No. 3009  
 Countersigned [Signature] 3302 Certificate No. \_\_\_\_\_  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-2-09 2009 Section or Area Examined #2 Section  
Time of Examination: from 1:15 a.m. or p.m. to 1:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Brandon Belving Time A.M. 2:26 P.M.  
Report received by Michael Fenell 37942  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry <u>CH<sub>4</sub> 0%</u>	<u>Needs spot bolted</u>	<u>Reflected off</u>
2. #2 entry	<u>Scrap cut</u>	<u>Reflected off</u>
3. 3+3 Right	<u>none observed</u>	<u>Reported</u>
4. #4 entry	<u>Part bolted</u>	<u>Reflected off</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>26,000</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% ch<sub>4</sub> 0% CO 20.802 was detected at time of exam. track & travelways power centers, outby chamber, 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 Brandon Belving 1122-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Michael Fenell 37942  
Mine Manager - Mine Foreman Assistant Foreman  
Superintendent or Assistant



Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-2 2009 Section or Area Examined 2 Section

Time of Examination: from 9:50 a.m. or p.m. to 10:00 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 Hole</u>		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks: 0% CHA 20.8% O2 0 CO  
Track Power Center OK at time of exam

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

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

Countersigned John Cook Mine Manager-Mine Foreman Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-3 20 09 Section or Area Examined 2 Section  
Time of Examination: from 3:21 a.m. or p.m. to 3:43 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brought Outside Time 5:47 AM 5:41 P.M.  
Report received by Bruce Brantley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB with CFM 22,440.

Remarks: Trench, Travelways Power entering oily chamber all clerical trip open

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 Bruce Brantley 37074 Kenny Thompson 1689A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] Mine Manager—Mine Foreman  
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-3

Shift Day

Area or Section X2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>X1</u>		
2. <u>X2</u>		
3. <u>X3 BR</u>		
4. <u>4</u>		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>			6.		
2. <u>Return</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) \_\_\_\_\_

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-3 2009 Section or Area Examined 2 Section  
 Time of Examination: from 7:18 a.m. or 2:12 a.m. or 4:15  
 Was this report phoned to outside: Yes no ✓  
 By whom Brought outside Time 5:45 P.M.  
 Report received by Johnny Neely  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry	CH <sub>4</sub> 0% None observed	Reported
2. #2 Entry	0% Scrap Cut	Reflected
3. #3 + 3R Entries	Needs some cleaning	Reported
4. #4 Entry	None observed	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19760</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Track Travelways, Power Centers, Air Chamber, Chargers,  
Intake Phone clear of 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 Johnny Neely Certificate No. 33472  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned John L. L... Mine Manager—Mine Foreman  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-3 20 09 Section or Area Examined 2 Section

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

Was this report phoned to outside: Yes no

Time A.M. P.M.

By whom Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1, #2, #3, #4 and actions like 'None Observed', 'Swap out', 'Auto Add'l Cleaning', 'Reported', 'Tagged'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: Location LOB, CFM 21,011.

Remarks: Track Tunnelmap PC Refuse OK at time of exam. Q to C.H.# @ 10 20.8% O2

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

Signed By Mike Bailey Preshift-Mine Examiner Certificate No. 27085 Assistant Foreman Certificate No. 3306000

Use Indefilible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-4 20 07 Section or Area Examined 2 Sustrain  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no ✓ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>#1</u>	<u>CH<sub>4</sub> None Observed</u>	<u>Reported</u>
2. <u>#2</u>	<u>Scrap cut</u>	<u>Tagged</u>
3. <u>#3 - #3RT</u>	<u>Had add'l Chaining</u>	<u>Reported</u>
4. <u>#4</u>	<u>None Observed</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

## Air Measurements

Location	CFM	Location	CFM
<u>LDB</u>	<u>20,680</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Tracks Tranchway PC Outley Refuse OK  
0% CH<sub>4</sub> DLD 20.8% O<sub>2</sub>

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 Bona Burt Preshift-Mine Examiner Certificate No. 37074  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3900000  
 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 9-4 2009 Section or Area Examined 2 sect  
 Time of Examination: from 152 a.m. or P.M. to 220 a.m. or P.M.  
 Was this report phoned to outside: Yes no  
 By whom John Neely Time 3:10 A.M.  
 Report received by Charles Lemke 31212  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. #1	<u>070cht Needs spot Bolted</u>	<u>Reflector</u>
2. 2	<u>SCRAP CUT</u>	<u>Reflector</u>
3. 3	<u>NONE observed</u>	<u>NONE</u>
4. 4	<u>PART Bolted</u>	<u>Reflector</u>
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,720 cfm</u>		

Remarks: TRACK, TRAVELWAYS, Power centers, Outby Refuge OK  
070cht 070co 20.8702

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 Neely Preshift-Mine Examiner Certificate No. 33472  
 Countersigned Charles Lemke Mine Manager—Mine Foreman Certificate No. 37569  
Rick Hutchens Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-4-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>5:00-5:20</u>	<u>0 % CH<sub>4</sub></u>	11.			
2.	<u>1-4</u>	<u>7:00-7:18</u>	<u>0 %</u>	12.			
3.	<u>1-4</u>	<u>9:01-9:25</u>	<u>0 %</u>	13.			
4.	<u>1-4</u>	<u>11:00-11:30</u>	<u>0 % CH<sub>4</sub></u>	14.			
5.				15.			
6.	<u>20.802</u>			16.			
7.	<u>0% CH<sub>4</sub></u>			17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>5:23</u>	<u>0 % CH<sub>4</sub></u>	6.			
2.	<u>Return</u>	<u>9:27</u>	<u>0 % CH<sub>4</sub></u>	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #7+8 4:40pm RCP

Section Safe & Clean at time of Exam

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-5 Section or Area Examined 209 Section  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

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

*Air Measurements*

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 [Signature] Mine Manager—Mine Foreman 33472  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-6 2001 Section or Area Examined 2 Section  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

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

#### Air Measurements

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 Nide Bailey Preshift-Mine Examiner Certificate No. 27085  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38000  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-6-07 20 Section or Area Examined #2 Section  
 Time of Examination: from 5:00 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 Jesse Thomas Time 9:55 A.M.  P.M.   
 Report received by St. J. H. (Signed)

## Violations and other Hazardous Conditions Observed and Reported

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

## Air Measurements

Location	CFM	Location	CFM

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By Jesse Thomas Preshift-Mine Examiner Certificate No. 1479-A  
 Countersigned St. J. H. Mine Manager—Mine Foreman Assistant Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



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 9-7 2029 Section or Area Examined 2 Section  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By Mike Bailey 27085 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager—Mine Foreman 27085  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

[Signature] 27085

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-7-07 20 Section or Area Examined #2 Section  
 Time of Examination: from 8:00 a.m. or p.m. to 5:30 a.m. or p.m.  
 Was this report phoned to outside: Yes ✓ no \_\_\_\_\_  
 By whom John Dickford Time 10:00 A.M. PM  
 Report received by John Dickford (Signed)

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

Location	CFM	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>OK</u>	<u>Neck, one Row bolts</u>	<u>Reflected</u>
<u>#2</u>	<u>OK</u>	<u>Necks cleaned; dusted</u>	<u>Reported</u>
<u>#3</u>	<u>OK</u>	<u>None observed</u>	<u>None</u>
<u>#4</u>	<u>OK</u>	<u>Purt dolted</u>	<u>Reflected</u>
5.			
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.3.</u>	<u>23,667</u>		

Remarks: OK CHY, OK CO, 20-01 as detected at time of exam  
Track, Travelways, passageways, charges OK at time of exam

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

Signed By John H. Dickford Certificate No. 26176 Assistant Foreman [Signature] Certificate No. 30094  
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-8-09 Shift 3rd Area or Section F2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>scrap</u>	<u>R. H. [Signature]</u>
2. <u>2</u>	<u>ep</u>	<u>Report [Signature]</u>
3. <u>4</u>	<u>Paint Added</u>	<u>R. H. [Signature]</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]  
Assistant Mine

32284  
Certificate No.

\_\_\_\_\_  
Mine Foreman-Mine Manager

\_\_\_\_\_  
Certificate No.

\_\_\_\_\_  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-8- 09 Section or Area Examined #2  
 Time of Examination: from 3:00 a.m. or p.m. to 4:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kenny Farmer Time 5:30 P.M.  
 Report received by Jack Moran (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	0.0% ch <sub>4</sub> scs of cut	Tagged
2	0.0% ch <sub>4</sub> need cleaned & rusted	Rebolted
3R	0.0% ch <sub>4</sub> add cleaning-	Reb-
4	0.0% ch <sub>4</sub> NOT Bolted-	Tagged
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB-	19,800		

Remarks: Power center, Chalgers Travelways haulage ways  
 Intake phone ok all cled time  
 Air chamber ok of exam  
 20.802  
 0.0% ch<sub>4</sub>

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 Farmer Preshift-Mine Examiner Certificate No. 3084  
 Countersigned Jack Moran Mine Manager—Mine Foreman Assistant Foreman Certificate No. 37793  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-8-09 Shift DAY Area or Section #2

Vibrations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1- <u>1-</u>	<u>SCRAP CUT</u>	<u>CUT + Bolted</u>
2- <u>2-</u>	<u>N/cleaned + dusted.</u>	<u>dusted</u>
3- <u>3R-</u>	<u>add cleaning</u>	<u>cleaned</u>
4- <u>4-</u>	<u>NOT Bolted</u>	<u>Bolted</u>
5- _____	_____	_____
6- _____	_____	_____
7- _____	_____	_____
8- _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1- <u>1-4-</u>	<u>700-715A</u>	<u>0%</u>	11- _____	_____	_____
2- _____	_____	_____	12- _____	_____	_____
3- <u>1-4-</u>	<u>900-915A</u>	<u>0%</u>	13- _____	_____	_____
4- _____	_____	_____	14- _____	_____	_____
5- <u>1-4-</u>	<u>1100-1115A</u>	<u>0%</u>	15- _____	_____	_____
6- _____	_____	_____	16- _____	_____	_____
7- <u>1-4-</u>	<u>100-140pm</u>	<u>0%</u>	17- _____	_____	_____
8- _____	_____	_____	18- _____	_____	_____
9- _____	_____	_____	19- _____	_____	_____
10- _____	_____	_____	20- _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1- <u>Return-</u>	<u>655A</u>	<u>0%</u>	6- _____	_____	_____
2- _____	_____	_____	7- _____	_____	_____
3- <u>Return-</u>	<u>1055A</u>	<u>0%</u>	8- _____	_____	_____
4- _____	_____	_____	9- _____	_____	_____
5- _____	_____	_____	10- _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over ROR pg 6 31432

Jack Martin Assistant Mine 27293 Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-8-09 20. Section or Area Examined 2 Section  
Time of Examination: from 1:00 a.m. or 9 p.m. to 1:40 a.m. or 6 p.m.  
Was this report phoned to outside: Yes no  
By whom Jack Martin Time A.M. 2:17 P.M.  
Report received by Rick Faler  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry, O <sub>2</sub> by	none observed	none
2. #2. entry, O <sub>2</sub> by	needs additional clearing	reported
3. #3X left, O <sub>2</sub> by	part lost	reflector
4. #3. entry, O <sub>2</sub> by	scrap cut	reflector
5. #4. entry, O <sub>2</sub> by	none observed	none
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>10X cut</u>	<u>28,725</u>		

Remarks: 20.8% O<sub>2</sub>, O<sub>2</sub> by, O<sub>2</sub> CO, track, Truclays,  
power center, scoop charger clear at time of  
exam

Rescue chamber O.K. at time of exam.

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

Signed By Jack Martin Preshift-Mine Examiner Certificate No. 27793  
Countersigned Richard Hutchins Mine Manager—Mine Foreman Assistant Foreman Certificate No.

Rick Faler Assistant Foreman Certificate No. 28781  
Richard Hutchins Superintendent or Assistant Certificate No. 37569



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-8-09 Shift Eve Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>2</u>	<u>0%CH4</u> <u>nd/ Add/ Cleaning</u>	<u>Corrected</u>
2.	<u>3 LT</u>	<u>0%CH4</u> <u>part Bolted</u>	<u>Corrected</u>
3.	<u>3</u>	<u>0%CH4</u> <u>not Bolted</u>	<u>Corrected</u>
4.	<u>4</u>	<u>0%CH4</u> <u>n/o</u>	<u>Corrected</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>4:45-5:15</u>	<u>0 %CH4</u>	11.			
2.	<u>1-4</u>	<u>7:00-7:20</u>	<u>0 %</u>	12.			
3.	<u>1-4</u>	<u>9:00-9:23</u>	<u>0 %</u>	13.			
4.	<u>1-4</u>	<u>11:00-11:20</u>	<u>0 %CH4</u>	14.			
5.				15.			
6.	<u>0%CH4</u>			16.			
7.	<u>20.8°2</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 Return</u>	<u>5:17pm</u>	<u>0%CH4</u>	6.			
2.	<u>Return</u>	<u>8:59pm</u>	<u>0%CH4</u>	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #17 4:40pm R.C.P.  
Section Safe & Clear at Time of EXAM  
Rich Hutchins 37569  
Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink 50

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9/8/69 Section or Area Examined #2  
Time of Examination: from 10:00 a.m. to 11:40 a.m.  
Was this report phoned to outside: Yes no  
By whom Frank Hay Time 11:40 P.M.  
Report received by (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. 1	CH4	
2. 2xc	Scrap	RR Hutchins
3. 3	Part of CH4	u
4. 4	CH4	
5.		
6.		
7.		
8.		
9.		
10.		

Location	CFM	Location	CFM
LOS	20,110		

Remarks: Trunkways of Halways clean at time  
OK exam CH4 0%  
Perm Cont - P/O CO 0%  
Air & H2O - OK O2 20.8%  
entire Area - 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 Richard Hutchins 37569 Preshift-Mine Examiner Certificate No.  
Assistant Foreman 32294 Certificate No.  
Countersigned Mine Manager-Mine Foreman  
Assistant Foreman  
Superintendent or Assistant