

LBB CONSTRUCTION

52-64

22 GWM
5-25-2010

PRESHIFT - ONSHIFT

and

DAILY REPORT

STARTED 2-6-10

Finished project 2-11-10

Company PERFORMANCE COAL

Mine UBB

SECTION LBB CONSTRUCTION

LOCATION NAOMIA RALEIGH WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-6 20 10 Section or Area Examined LBB Construction

Time of Examination: from 12:00 a.m. or 6:00 p.m. to 3:00 a.m. or 6:00 p.m.

Was this report phoned to outside: Yes no

By whom _____ Time _____ A.M. _____ P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| | Location | CH ₄ | Violation or Hazardous Condition | Action Taken |
|-----|---------------|-----------------|----------------------------------|--------------|
| 1. | Work Area | 0% | NONE OBSERVED | NONE |
| 2. | POWER CENTERS | 0% | NONE OBSERVED | NONE |
| 3. | CHARGER | 0% | NONE OBSERVED | NONE |
| 4. | D. BOX | 0% | NONE OBSERVED | NONE |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Air Measurements

| Location | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air Movement | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0% CH₄ 0% CO 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 Charley Taylor Certificate No. 37012
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Mark Baker Certificate No. 28734
 Mine Manager—Mine Foreman
 Assistant Foreman

MAR 2, 1967

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 2-6 2010 Section or Area Examined LBB construction
Time of Examination: from 8:30 a.m. or 6 p.m. to 11:30 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CHY, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Power centers, Charger, D-Box, and empty rows 5-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air movement.

Remarks: 0% CH4, 0.1 ppm CO, 20.8% O2 Detectives
Track, Travelways, clear At time of Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1947A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 2-7 2000 Section or Area Examined LBB Construction
Time of Examination: from 3:00 p.m. to 6:00 p.m.
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include work Area, Power centers, chargers, D-Box, all with 0% CH4 and None observed.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air movement.

Remarks: 0% CH4, 20.8% O2, 0.1ppm CO2 detected. Tracks, Travelways, clear At time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Pre-shift Mine Examiner Certificate No. 1947-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-10 Section or Area Examined LBB Construction
 Time of Examination: from 1200 a.m. or 400 p.m. to 1000 a.m. or 600 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. work area <u>9/0CH₄</u> | <u>none observed</u> | <u>none</u> |
| 2. power centers <u>9/0CH₄</u> | <u>none observed</u> | <u>none</u> |
| 3. chargers <u>9/0CH₄</u> | <u>none observed</u> | <u>none</u> |
| 4. P-Bol <u>9/0CH₄</u> | <u>none observed</u> | <u>none</u> |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Door Air Movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 9/0CH₄, 9/0CO, 26.8% O₂ tracks, travelways, pc
chargers clear at even

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

Signed By George Curry 27429
 Preshift-Mine Examiner Certificate No.
 Countersigned Paul Miller 28736
 Mine Manager—Mine Foreman
Ampterson 29611
 Assistant Foreman
1047-A
 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 2-7-10 Section or Area Examined L.P.B. Construction
Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air Movement.

Remarks: 0% CH4, 20.8% O2, 0 PPM CO2 Detected Track, Travelways, clear At time of exam

Signed By [Signature] Certificate No. 1947A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28232
Assistant Foreman

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 20 10 Section or Area Examined LBB Construction
Time of Examination: from 3:00 p.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by (Signed) Time A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for Work Area, Plc, Chances, D. Box with observations like 'loss ribs in place (coal)' and 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'good air movement'.

Remarks: No CH4 detected 0% 20.80% CO2
Track & Tranceway clear of exam.
Loss coal on ribs where g/m & Batter are 61 ft. X cut - Pulled most down - Caution need to watch work area on ribs.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 29611
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 2-8
Time of Examination: from 12:00 a.m. or (p.m) to 3:00 a.m. or (p.m) Section or Area Examined LBB Construction
Was this report phoned to outside: Yes no no to
By whom _____ Time _____ A.M. _____ P.M.
Report received by Bright outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---------------------------------------|----------------------------------|-----------------|
| 1. work area <u>0% CH₄</u> | <u>loose ribs</u> | <u>reported</u> |
| 2. P.C. <u>0% CH₄</u> | <u>none observed</u> | <u>none</u> |
| 3. charger <u>0% CH₄</u> | <u>none observed</u> | <u>none</u> |
| 4. P Bol <u>0% CH₄</u> | <u>none observed</u> | <u>none</u> |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH₄, 0% CO, 20.8% O₂ tracks, travelways clear at clear
horse ribs at miner + Road better or packed

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

Signed By George Curry 27429
Preshift-Mine Examiner Certificate No.
Countersigned Rich Jones 28736
Mine Manager—Mine Foreman
Chy Peterson 29611
Assistant Foreman
Superintendent or Assistant
1947-A

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) _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 2-8 2010 Section or Area Examined: LBB Construction
 Time of Examination: from 8:30 a.m. or part to 11:00 a.m. or p.m.
 Was this report planned to outside? Yes No
 By whom: [Signature] Time: A.M. P.M.
 Report received by: [Signature]

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| TP ₁ Work Area O ₂ CH ₄ | none observed | none |
| GC ₂ P/C O ₂ | none observed | none |
| GC ₃ Changer O ₂ | none observed | none |
| GC ₄ D. Box O ₂ | none observed | none |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: Rocky floor. O₂ 20.5% CO₂
tracks & travelways clear at exam.

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

Signed By: [Signature] Preshift-Mine Examiner Certificate No. 29611
 Countersigned: [Signature] Mine Manager—Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 1947-A
 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 2-9 10 Section or Area Examined LBB construction
Time of Examination: from 3:00 p.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Powercenter, Charger, D-Box, all with 0% CH4 and 'None observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Goes Air movement.

Remarks: 0% CH4, 20.8% O2, 0PPM CO2 detected Track, Travelways, clear at time of exam

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

Signed By [Signature] Certificate No. 1947-A Assistant Foreman
Countersigned [Signature] Certificate No. 2823 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 2-9-10 Shift Day Area or Section LBB construction

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------------------------------|----------------------------------|--------------|
| 1. <u>Exam Work area 20802</u> | <u>none observed</u> | |
| 2. <u>O/M Power center 20802</u> | <u>none observed</u> | |
| 3. <u>O/M charger 20802</u> | <u>none observed</u> | |
| 4. <u>O/M box 20802</u> | <u>none observed</u> | |
| 5. <u>NO CO Found</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

1176-A
Certificate No.

Mine Foreman/Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9 2010 Section or Area Examined LBB Construction

Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom _____ Time _____ A.M. _____ P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | CH ₄ | Violation or Hazardous Condition | Action Taken |
|-----------------|-----------------|----------------------------------|--------------|
| 1. WORK AREA | 0% | NONE OBSERVED | NONE |
| 2. POWER CENTER | 0% | NONE OBSERVED | NONE |
| 3. CHARGER | 0% | NONE OBSERVED | NONE |
| 4. D. BOX | 0% | NONE OBSERVED | NONE |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|-------------------|-------|----------|-------|
| Good Air Movement | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH₄ 0% CO 20.8% O₂

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1176-A Assistant Foreman _____ Certificate No. _____

Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 23736

[Signature] Assistant Foreman Certificate No. 24611 Superintendent or Assistant _____

Miss Sel 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-9-10 Shift EVE Area or Section LBB Construction

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Work Area</u> | <u>None observed</u> | <u>None</u> |
| 2. <u>Power cables</u> | <u>None observed</u> | } |
| 3. <u>Charges</u> | <u>None observed</u> | |
| 4. <u>D-Box</u> | <u>None observed</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. _____ | _____ | _____ |

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) _____

Jackman
Assistant Mine

37793
Certificate No.

Paul Zito
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-9 2010 Section or Area Examined LBB Construction
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom thought outside 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>Work Area 0% CH₄</u> | <u>none observed</u> | <u>none</u> |
| 2. <u>Power Center 0%</u> | <u>none observed</u> | <u>none</u> |
| 3. <u>Charger 0%</u> | <u>none observed</u> | <u>none</u> |
| 4. <u>D. Box 0%</u> | <u>none observed</u> | <u>none</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> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |

Remarks: NOCH₄ det. 0% 20.5oz CO₂
Tracks & TraneWAYS clear 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 Preshift-Mine Examiner Certificate No. 2961
 Countersigned Mine Manager—Mine Foreman Certificate No. 28736
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ 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 2-10 2010 Section or Area Examined RBB Construction

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes _____ no

By whom _____ Time _____ A.M. _____ P.M.

Report received by Brought Out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | CH ₄ | Violation or Hazardous Condition | Action Taken |
|-----------------|-----------------|----------------------------------|--------------|
| 1. Work Area | 0% | None observed | None |
| 2. Power Center | 0% | None observed | None |
| 3. Chargers | 0% | None observed | None |
| 4. P. Box | 0% | None observed | None |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|-------------------|-------|----------|-------|
| Good Air Movement | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH₄, 20.8% O₂, 0 PPM C.O. Detected
Track, Travelways, clear At time of exam

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

Signed By [Signature] Certificate No. 1947-A Assistant Foreman [Signature] Certificate No. 1176-A

Countersigned [Signature] Mine Manager—Mine Foreman

Assistant Foreman _____

Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 2-10 2010 Section or Area Examined LBB CONSTRUCTION
Time of Examination: from 12:00 a.m. or (p.m) to 3:00 a.m. or (p.m)
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Power Center, Charger, D. Box, and empty rows 5-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 0% CH4 0% CO 20.8% O2
TRACK & TRAVELWAYS OK AT TOE

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By: Harley Taylor (37002), Rick Teader (28756), Jack Martin (1176-A), 37793
Countersigned: Ryan Peterson (29611)
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-10-10 Shift EVE Area or Section LBB Construction

Violations and other Hazardous Conditions Observed and Reported

| | Location | Violation or Hazardous Condition | Action taken |
|----|--------------|----------------------------------|--------------|
| 1. | Work Area | none observed | None |
| 2. | Power center | none observed | } |
| 3. | Charger | none observed | |
| 4. | D-Box | none observed | |
| 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) _____

Jack Martin
Assistant Mine

37793
Certificate No.

Rick Pate
Mine Foreman-Mine Manager

28731
Certificate No.

Superintendent of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2/10 Section or Area Examined LBB Construction
Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed) phoned outside

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. Locations include Work Area, Lower Center, Chasman, D. Box. All violations listed as 'none observed' and actions as 'none'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. One entry: 'good air movement'.

Remarks: No CH4 det. 0% 20.8oz CO2
Track + travel ways clear

This is to certify that... Signed By [Signature] Preshift-Mine Examiner Certificate No. 28736
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 34147
Superintendent or Assistant

Use Indefible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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

Location

Action taken

| | | | |
|----|-------|-------|-------|
| 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 2-11 2010 Section or Area Examined L.P.B. Construction
Time of Examination: from 3:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes _____ no _____
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------------------------|----------------------------------|--------------|
| 1. <u>Work Area</u> <u>O70CH4</u> | <u>none observed</u> | <u>none</u> |
| 2. <u>Plc</u> <u>O70CH4</u> | <u>none observed</u> | <u>none</u> |
| 3. <u>Charger</u> <u>O70CH4</u> | <u>none observed</u> | <u>none</u> |
| 4. <u>D.Box</u> <u>O70CH4</u> | <u>none observed</u> | <u>none</u> |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>Good air movement</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: NOCH4 det. O2 W.S. CO2
tracks & handways clean at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 29011
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1176-A
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 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 2-11 Section or Area Examined LBB Construction
 Time of Examination: from 1100 a.m. or (P) to 300 a.m. or (P)
 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>WORN AREA</u> | <u>0% CH₄</u> | <u>NONE OBSERVED</u> | <u>NONE</u> |
| 2. <u>POWER CENTER</u> | <u>0% CH₄</u> | <u>NONE OBSERVED</u> | <u>NONE</u> |
| 3. <u>CHARGERS</u> | <u>0% CH₄</u> | <u>NONE OBSERVED</u> | <u>NONE</u> |
| 4. <u>D-BOX</u> | <u>0% CH₄</u> | <u>NONE OBSERVED</u> | <u>NONE</u> |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|--------------------------|-------|----------|-------|
| <u>GOOD AIR MOVEMENT</u> | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: 0% CH₄, 20.8% O₂, 0% CO
TRUCK 2 TRAVEL WAYS CLEAR AT T.O.E.

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

Signed By [Signature] Certificate No. 1658-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman
 Superintendent or Assistant 29611

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 2-11 2010 Section or Area Examined LBB Construction
 Time of Examination: from 8:30 a.m. or 11:00 p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|----------------|
| 1. <u>Work Area O₂CH₄</u> | <u>none observed</u> | <u>IM none</u> |
| 2. <u>Plc's O₂</u> | <u>none observed</u> | <u>none</u> |
| 3. <u>Chairs O₂</u> | <u>none observed</u> | <u>none</u> |
| 4. <u>D. Box O₂</u> | <u>none observed</u> | <u>none</u> |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Air Measurements

| Location | CFM | Location | CFM |
|-----------------------------|-------|----------|-------|
| <u>good air measurement</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Remarks: No one det. O₂ 20.8 or CO₂
Track & Travelway clean at exam.

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

Signed By [Signature] Certificate No. 29011
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
 Assistant Foreman [Signature] Assistant Foreman Certificate No. 37723
 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 2-12 20 11 Section or Area Examined LBB Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom: brought outside 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>Work Area 02CH4</u> | <u>none observed</u> | <u>none</u> |
| 2. <u>PLC's 0%</u> | <u>none observed</u> | <u>none</u> |
| 3. <u>Charger 0%</u> | <u>none observed</u> | <u>none</u> |
| 4. <u>D. Box 0%</u> | <u>none observed</u> | <u>none</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>good air movement</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: No CH4 det. 0% 20.0m CO 0%
Track + haulways clear of exam.

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 29611
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2373
[Signature] Assistant Foreman Certificate No. 1659A
 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 2-12 Section or Area Examined CRS Construction
 Time of Examination: from 1:30 a.m. or (p.m.) to 2:10 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Tim Williams Time 3:00 A.M. P.M.
 Report received by 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|-----------------|----------------------------------|--------------|
| 1. WORK AREA | 0% CH ₄ none observed | none |
| 2. Powercenters | 0% CH ₄ none observed | none |
| 3. CHARGES | 0% CH ₄ none observed | none |
| 4. P-BOXES | 0% CH ₄ none observed | none |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

Air Measurements

| Location | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| good AIR movement | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Remarks: 0% CH₄, 20.8% O₂, 0% CO
Tracks & haulways clear at TOE

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

Signed By Jim [Signature] Preshift Mine Examiner Certificate No. 1659-A
 Countersigned Rick [Signature] Mine Manager—Mine Foreman Certificate No. 2572
 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) _____