

2 GWM  
5-25-2010

# STARTED 1-13-10 PRESHIFT - ONSHIFT

Finished 1-30-10.  
and

# DAILY REPORT BARRIER SECTION

Company Performance Coal

Mine W.B.B.

SECTION H Section Construction area

LOCATION Neoma Raleigh W.V.  
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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Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-13-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

| Location                      | Violation or Hazardous Condition | Action taken |
|-------------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u>        | <u>Under Construction</u>        |              |
| 2.                            | <u>Work Area Clear At Time</u>   |              |
| 3.                            | <u>of Exam</u>                   |              |
| 4. <u>20.8% O<sub>2</sub></u> |                                  |              |
| 5. <u>0.7% CH<sub>4</sub></u> |                                  |              |
| 6. <u>0% CO</u>               |                                  |              |
| 7.                            |                                  |              |
| 8.                            |                                  |              |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location | Time | Methane Content | Location | Time | Methane Content |
|----------|------|-----------------|----------|------|-----------------|
| 1.       |      |                 | 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) TRAVELWAYS WALKWAYS Out by Air Chamer & Intake Phone Clear At Time of Exam

Randall Lafferty  
Assistant Mine

35424  
Certificate No.

Rick Lett  
Mine Foreman-Mine Manager

28736  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-09 20 Section or Area Examined 4 Section work on  
Time of Examination: from 4:30 a.m. or p.m. to 5:30 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Randy Lafferty Time 6:00 a.m. P.M.  
Report received by Rick Jester (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition                  | Action Taken |
|----------|---|--------------|
|          | Work area clear at time of exam                   |              |
|          |   |              |
|          | 20.8% O <sub>2</sub> , 0% Ch <sub>4</sub> , 0% CO |              |
|          |   |              |
|          |   |              |
|          |   |              |
|          |   |              |
|          |   |              |
|          |   |              |
|          |   |              |

Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good air movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 20.8% O<sub>2</sub>, 0% Ch<sub>4</sub>, 0% CO, track, trackways, power center, scoop chutes 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 Ranchell Lafferty Certificate No. 38424  
Preshift Mine Examiner Assistant Foreman  
Countersigned Rick Jester Certificate No. 2873  
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 1-13 2010 Section or Area Examined 4 Section  
 Time of Examination: from 12:45 a.m. or P.M. to 2:40 a.m. or P.M.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Foster Time 2:40 A.M.  
 Report received by Sumner Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

|     | Location  | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|-----------|-----------------|----------------------------------|--------------|
| 1.  | WORK AREA | 0%              | NONE OBSERVED                    | NONE         |
| 2.  | #1 Pump   | 0%              | NONE OBSERVED                    | NONE         |
| 3.  | A Pump    | 0%              | NONE OBSERVED                    | NONE         |
| 4.  | B Pump    | 0%              | NONE OBSERVED                    | NONE         |
| 5.  |           |                 |                                  |              |
| 6.  |           |                 |                                  |              |
| 7.  |           |                 |                                  |              |
| 8.  |           |                 |                                  |              |
| 9.  |           |                 |                                  |              |
| 10. |           |                 |                                  |              |

Air Measurements

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

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
power boxes, changed, track, travel ways safe at sign

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

Signed By Rick Foster 28734  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Rick Foster 28734  
 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 1-13 Section or Area Examined 4 sec.  
 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 brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Work Area O2</u> | <u>none observed</u>             | <u>none</u>  |
| 2. <u>#1 Pump O2</u>   | <u>none observed</u>             | <u>none</u>  |
| 3. <u>A Pump O2</u>    | <u>none observed</u>             | <u>none</u>  |
| 4. <u>B Pump O2</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: No O2 20% CO2  
PIC's danger track franchises 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] Certificate No. 29611  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 29736  
 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 1-14-10 Shift 3rd

Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

| Location                           | Violation or Hazardous Condition | Action taken |
|------------------------------------|----------------------------------|--------------|
| 1. Section Idle                    |                                  |              |
| 2. Work Area Clear AT Time of Exam |                                  |              |
| 3.                                 |                                  |              |
| 4. 20.8% O <sub>2</sub>            |                                  |              |
| 5. 0% CH <sub>4</sub>              |                                  |              |
| 6. 0% CO                           |                                  |              |
| 7.                                 |                                  |              |
| 8.                                 |                                  |              |

Examinations for Methane in Working Places

| Location             | Time | Methane Content | Location | Time | Methane Content |
|----------------------|------|-----------------|----------|------|-----------------|
| 1. Good Air Movement |      |                 | 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) TRAVELWAYS, WALKWAYS, Outby A/C Chamber & Intake Phone Clear AT Time of Exam

Randall LaPorte Assistant Mine

38424 Certificate No.

Rick Foster Mine Foreman-Mine Manager

28736 Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-14-10 20 Section or Area Examined 4 Section
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Randy Lafferty Time 6:00 A.M. P.M.
Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported.

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Work area clear at time of examination. Row 2: 20.8% O2, 0% CH4, 0% CO.

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement.

Remarks: 20.8% O2, 0% CH4, 0% CO. Truck, truckways, power center, scoop charger clear at time of exam. Intake phone clear at time of exam. Outby chamber clear at time of exam.

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

Signed By Randy Lafferty Preshift-Mine Examiner Certificate No. 39424
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28732
Assistant Foreman
Superintendent or Assistant

Use Indefible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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 1-14-10 Section or Area Examined 4 Section  
Time of Examination: from 12 a.m. or 6 p.m. to 3 a.m. or 10 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>Work Area clean at Time of exam</u>               |                                  |              |
| 2. <u>0% CH<sub>4</sub>, 0% CO, 20.89 O<sub>2</sub></u> |                                  |              |
| 3. _____  |                                  |              |
| 4. _____  |                                  |              |
| 5. _____  |                                  |              |
| 6. _____  |                                  |              |
| 7. _____  |                                  |              |
| 8. _____  |                                  |              |
| 9. _____  |                                  |              |
| 10. _____   |                                  |              |

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.89 O<sub>2</sub>  
Track, Travelway, Powercenters, Scoop Changers 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 Jacq Stewart 39199  
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Rusk Foster 28724  
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 1-17-10 Shift Day Area or Section Basin Section

*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. ----- | -----                            | -----        |
| 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.

Paul J. [Signature]  
Mine Foreman-Mine Manager

2873  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-14-10 20: Section or Area Examined Yes  
 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 Areas</u>  | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Pumps 1-A-B</u> | <u>none observed</u>             | <u>none</u>  |
| 3. _____              | _____                            | _____        |
| 4. _____              | _____                            | _____        |
| 5. _____              | _____                            | _____        |
| 6. _____              | _____                            | _____        |
| 7. _____              | _____                            | _____        |
| 8. _____              | _____                            | _____        |
| 9. _____              | _____                            | _____        |
| 10. _____             | _____                            | _____        |

Air Measurements

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

Remarks: Rocky deck. 0% 20.5% CO2  
Track & Travelways 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 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 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 1-15-10 Shift 3rd Area or Section UDB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

| Location                                  | Violation or Hazardous Condition | Action taken |
|---|----------------------------------|--------------|
| 1. <u>Section Idle</u>                    |                                  |              |
| 2. _____                                  |                                  |              |
| 3. <u>Work Area Clear at Time of Exam</u> |                                  |              |
| 4. _____                                  |                                  |              |
| 5. <u>20.8% O<sub>2</sub></u>             |                                  |              |
| 6. <u>0% CO</u>                           |                                  |              |
| 7. <u>0% CH<sub>4</sub></u>               |                                  |              |
| 8. _____                                  |                                  |              |

Examinations for Methane in Working Places

| Location              | Time | Methane Content | Location  | Time | Methane Content |
|-----------------------|------|-----------------|-----------|------|-----------------|
| 1. _____              |      |                 | 11. _____ |      |                 |
| 2. <u>Track 29925</u> |      |                 | 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) Travel ways, walkways, Outby

Air Chamber + Intake Phone Clear at Time of Exam

Randall Jeffery  
Assistant M.F.

38424  
Certificate No.

Rick Zuta  
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 1-15 20 10 Section or Area Examined 4500

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 Report received by Time A.M. P.M.

brought outside (Signed)

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, Rungs 1-A-B, and PIC's charger.

Air Measurements

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

Remarks: ROCKY Sect. 0% 20.80% CO2 Track & Tranceways clear at all times

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] 29011 Certificate No. 25736 Assistant Foreman Certificate No.

Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman

Jay Stewart 39199

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 1-15-10 20-- Section or Area Examined Basin Section  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no no Y  
 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>Work area clear</u>                               |                                  |              |
| 2. <u>20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, 0% CO</u> |                                  |              |
| 3. _____  |                                  |              |
| 4. _____  |                                  |              |
| 5. _____  |                                  |              |
| 6. _____  |                                  |              |
| 7. _____  |                                  |              |
| 8. _____  |                                  |              |
| 9. _____  |                                  |              |
| 10. _____   |                                  |              |

#### Air Measurements

| Location      | CFM           | Location | CFM |
|---------------|---------------|----------|-----|
| <u>Intake</u> | <u>26,777</u> |          |     |
| _____         |               |          |     |
| _____         |               |          |     |
| _____         |               |          |     |
| _____         |               |          |     |
| _____         |               |          |     |
| _____         |               |          |     |
| _____         |               |          |     |
| _____         |               |          |     |

Remarks: 20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, 0% CO, track trackways  
pass center, scap chaper clear at time of  
exam.  
Outlet chamber clear at time of exam  
Intake phone working 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 Peter 28732 Assistant Foreman Certificate No.  
 Countersigned Rick Peter 28732 Mine Manager— Mine Foreman Certificate No.  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-16-10 Shift 3<sup>rd</sup> Area or Section WBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

| Location                                   | Violation or Hazardous Condition | Action taken |
|--|----------------------------------|--------------|
| 1. <u>Section Idle</u>                     |                                  |              |
| 2.   |                                  |              |
| 3. <u>Work Areas Clear At Time of Exam</u> |                                  |              |
| 4. <u>20.8% O<sub>2</sub></u>              |                                  |              |
| 5. <u>0% CH<sub>4</sub></u>                |                                  |              |
| 6. <u>0% CO</u>                            |                                  |              |
| 7.   |                                  |              |
| 8.   |                                  |              |

Examinations for Methane in Working Places

| Location              | Time | Methane Content | Location        | Time | Methane Content |
|-----------------------|------|-----------------|-----------------|------|-----------------|
| 1. <u>Track 26924</u> |      |                 | 11.             |      |                 |
| 2.                    |      |                 | 12.             |      |                 |
| 3.                    |      |                 | 13.             |      |                 |
| 4.                    |      |                 | 14.             |      |                 |
| 5.                    |      |                 | 15. <u>100%</u> |      |                 |
| 6.                    |      |                 | 16.             |      |                 |
| 7.                    |      |                 | 17.             |      |                 |
| 8.                    |      |                 | 18.             |      |                 |
| 9.                    |      |                 | 19.             |      |                 |
| 10.                   |      |                 | 20.             |      |                 |

Examinations for Methane in Return Aircourses

| Location | Time | Methane Content | Location | Time | Methane Content |
|----------|------|-----------------|----------|------|-----------------|
| 1.       |      |                 | 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) TRAVEL ways, Walkways, Outby Air Chamber & Intake Phone Clear at Time of Exam

Randall Zoltick 35424 Red Fox 28236

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-14-70 20 Section or Area Examined Banner Section  
 Time of Examination: from 5:00 a.m. or 5:30 a.m. or 5:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Randy Lafferty Time 6:00 A.M. P.M.  
 Report received by Rick Foster  
 (Signed)

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

| Location  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>Work area clear at time of exam.</u>                    |                                  |              |
| 2. <u>20°C, O<sub>2</sub> 21%, CO 0</u>                       |                                  |              |
| 3. <u>Track, trackways, power centers, sweep chutes clear</u> |                                  |              |
| 4. <u>at time of exam.</u>                                    |                                  |              |
| 5.  |                                  |              |
| 6.  |                                  |              |
| 7.  |                                  |              |
| 8.  |                                  |              |
| 9.  |                                  |              |
| 10.   |                                  |              |

#### Air Measurements

| Location     | CFM           | Location | CFM |
|--------------|---------------|----------|-----|
| <u>Track</u> | <u>26,924</u> |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |

Remarks: Intake phone clear at time of exam  
Outlet 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 Randy Lafferty 35424 Assistant Foreman Certificate No.  
 Countersigned Rick Foster 28231 Mine Manager—Mine Foreman Certificate No.  
 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 1-26-70 Shift Day Area or Section 4 sect

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. ----- | -----                            | -----        |
| 2. ----- | ----- <u>sect edge</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) -----

Rick John  
Assistant Mine

28730  
Certificate No.

Rick John  
Mine Foreman-Mine Manager

28730  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-17 2010 Section or Area Examined 4 Section Construction  
Time of Examination: from 12 a.m. or 0 p.m. to 3 a.m. or 0 p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

| Location  | Violations and other Hazardous Conditions Observed and Reported | Action Taken |
|---|---|--------------|
| 1. <u>No Construction was Being done, Construction Idle</u> |   |              |
| 2. _____  |   |              |
| 3. _____  |   |              |
| 4. _____  |   |              |
| 5. _____  |   |              |
| 6. _____  |   |              |
| 7. _____  |   |              |
| 8. _____  |   |              |
| 9. _____  |   |              |
| 10. _____   |   |              |

| Location                 | CFM | Air Measurements | Location | CFM |
|--------------------------|-----|------------------|----------|-----|
| <u>Good Air Movement</u> |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |
| _____                    |     |                  |          |     |

Remarks: 0% CH4, 0% CO, 20.8% O2  
Travelway, Track clean  
Changers, Powercenters, D-Bater clean at etam

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 Lacy Sluot 39199 Certificate No. \_\_\_\_\_ Assistant Foreman  
Countersigned Rick Foster 28736 Certificate No. \_\_\_\_\_  
\_\_\_\_\_ 24611 Certificate No. \_\_\_\_\_  
Superintendent or Assistant

2/13/10 SL 1947-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date 1-17-10 Shift Even Area or Section 4 West

*Violations and other Hazardous Conditions Observed and Reported*

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. ----- | -----                            | -----        |
| 2. ----- | -----                            | -----        |
| 3. ----- | <u>Best edle</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) -----

Rick Fortin 2873 Assistant Mine Foreman  
Rick Fortin 2873 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 1-17-10 Section or Area Examined 4 Section Construction
Time of Examination: from 8:30 a.m. or 6:30 a.m. to 11:30 a.m. or 6:30 a.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: Location, Violation or Hazardous Condition, Action Taken. Row 1: WORK AREA, CLEAR 0% NONE OBSERVED, NONE. Row 2: P.C.'S, CHARGES CLEAR 0% NONE OBSERVED, NONE.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Cool Air movement.

Remarks: 0% CH4, 20.8% O2, 0 PPM CO2 Detected
TRACK, 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] Certificate No. 1947-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 26734
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 1-18-10 Shift Ove Area or Section 4 sect

*Violations and other Hazardous Conditions Observed and Reported*

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. ----- | -----                            | -----        |
| 2. ----- | <u>sect colle.</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) -----

Reed Foster  
Assistant Mine

28236  
Certificate No.

Reed Foster  
Mine Foreman-Mine Manager

28236  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-18 Section or Area Examined 4 sec  
 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>Walk Area</u>     | <u>O<sub>2</sub> CH<sub>4</sub> 20.8% none observed</u>       | <u>none</u>     |
| 2. <u>Plc's charger</u> | <u>O<sub>2</sub> CH<sub>4</sub> 20.0% clear none observed</u> | <u>none</u>     |
| 3. <u>Pump #1</u>       | <u>none observed</u>  | <u>none</u>     |
| 4. <u>        </u>      | <u>        </u>   | <u>        </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> |
| <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 CH<sub>4</sub> det. O<sub>2</sub> 20.8% CO<sub>2</sub> 0%  
tracks & tramways clear of exam.  
Fresh air Bay clear

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] 29611 Certificate No. 29611  
 Assistant Foreman  
 Countersigned [Signature] Mine Manager - Mine Foreman  
[Signature] Assistant Foreman 29611  
 Superintendent or Assistant [Signature] 19474



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination: 1-18 2010 Section or Area Examined: 45cc  
Time of Examination: from 11:00 a.m. or p.m. to 11:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom: Brought 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</u>          | <u>070CH4 20.80</u>              | <u>none observed</u> |
| 2. <u>PLC's charger</u>      | <u>070CH4 20.80</u>              | <u>none observed</u> |
| 3. <u>Pump # 1 - #A - #B</u> | <u>070CH4 20.80</u>              | <u>none</u>          |
| 4. <u>        </u>           | <u>        </u>                  | <u>        </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> |
| <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. 070 20.80 COO2  
Track & passelways clear at exam  
PLC's Fresh air Bay clear

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] 24011  
Preshift-Mine Examiner  
Certificate No. 24134  
Countersigned: [Signature]  
Mine Manager - Mine Foreman  
Assistant Foreman: [Signature]  
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 1/19/10 Shift Out Area or Section Bureau

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. ----- | <u>Section idle</u>              | -----        |
| 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) -----

Rick J. Jester  
Assistant Mine

28724  
Certificate No.

Rick J. Jester  
Mine Foreman-Mine Manager

28750  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-19 20 10 Section or Area Examined 1/Sec  
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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 'Work Area', 'P/C's changed', and 'Pumps 1-A-B'.

Air Measurements

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

Remarks: Noisy lead on 20.5w 200%  
Tracks runways clean above

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 Foreman Certificate No. 2374  
Assistant Foreman [Signature] 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 1-19-10 Shift Day Area or Section Bessemer

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1. _____ | _____                            | _____        |
| 2. _____ | <u>Section idle</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) \_\_\_\_\_

Bud Fisher  
Assistant Mine

25730  
Certificate No.

Bud Fisher  
Mine Foreman-Mine Manager

2123  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-19-10 20. Section or Area Examined 4 sec  
Time of Examination: from 1:00 a.m. or p.m. to 4:00 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>CH<sub>4</sub> 0%</u>         | <u>None observed</u>             |
| 2. <u>Pump boxes, chyme</u> | <u>0%</u>                        | <u>None observed</u>             |
| 3. <u>Pumps A, B</u>        | <u>0%</u>                        | <u>None observed</u>             |
| 4. <u>Pump # 1</u>          | <u>0%</u>                        | <u>cable down last 1 1/2 BKs</u> |
| 5. _____                    | _____                            | _____                            |
| 6. _____                    | _____                            | _____                            |
| 7. _____                    | _____                            | _____                            |
| 8. _____                    | _____                            | _____                            |
| 9. _____                    | _____                            | _____                            |
| 10. _____                   | _____                            | _____                            |

Air Measurements

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

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> detected  
trail, steamway 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 Tom Sawyer 3224 Certificate No. \_\_\_\_\_ Assistant Foreman  
Countersigned Bob Zola 28734 Certificate No. \_\_\_\_\_  
Ray 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 \_\_\_\_\_ 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 1-19 2070 Section or Area Examined #4 sec.  
 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 found it 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.  | Work area <u>Rocky</u> | <u>none observed</u>             | <u>none</u>  |
| 2.  | Power boxes <u>0%</u>  | <u>none observed</u>             | <u>none</u>  |
| 3.  | chargers <u>0%</u>     | <u>none observed</u>             | <u>none</u>  |
| 4.  | Pumps <u>0%</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: Rocky Sect. Ob 20.5 or 20.00  
Track & Tranche ops clear at exam  
Track is being removed off sec. - no dead man at end of track  
Sign posted hanging at end of track

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. 2964 Assistant Foreman          Certificate No.           
 Countersigned Rick Foster Mine Manager—Mine Foreman 28236  
 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 1-20 20 10 Section or Area Examined #4 sec.
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
Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Power Boxes, Changer, Pumps 1 A-B.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: good air movement.

Remarks: Rocky det. O2 20.80 CO2
Tracks + haulways clear at exam.
Track is being pulled out - no dead man end of track.
Sign hanging at end of track.
Fresh air bay clear

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 Assistant Foreman
Countersigned [Signature] Certificate No. 28736 Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 1659A

Superintendent or Assistant
John Beyer 32261
George Curry 27429

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Shift ----- Area or Section -----

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Multiple rows of dashed lines for data entry.

Examinations for Methane in Working Places

Location Time Methane Content Location Time Methane Content

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows numbered 11 to 20.

Examinations for Methane in Return Aircourses

Location Time Methane Content Location Time Methane Content

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows numbered 6 to 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 1-20-10 Section or Area Examined #4 sec  
Time of Examination: from 1:00 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 Brought side (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. Handwritten entries: 1. work area 0% None observed None; 2. Power Boxes 0% None observed None; 3. Chargers 0% None observed None; 4. Pumps 1, A, B 0% None observed None.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: Coal air movement.

Remarks: 0% CH4, 0% CO2, 20.8% O2 detected  
Track, travelways clear at exam  
Track is being pulled out no dead man ahead of track

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 [Signature] Preshift-Mine Examiner Certificate No. 27429  
Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 28736  
Assistant Foreman Certificate No. 29611  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-20 260 Section or Area Examined #4 sec.
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 brought out side (Signed)

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, Power Centers, and Pumps.

Air Measurements

Location CFM Location CFM

good announcement

Remarks: NoCH4 det, 0% 20.8m 0006
Track & haulways 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] 29611 Certificate No.
Countersigned [Signature] 29724 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 Indefilble  
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 1-21-20 Section or Area Examined 4 Section
Time of Examination: from 1 a.m. or 3 p.m. to 3 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 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Power Center, Chargers, Pumps 1-A-B.

Air Measurements

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

Remarks: 0% CH4, 0% CO, 20.8%
Track, Travelway 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 Joey Stewart Preshift-Mine Examiner Certificate No. 39199
Countersigned Rich Foster Mine Manager - Mine Foreman Certificate No. 2870
Assistant Foreman Certificate No. 29611
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-21 2010 Section or Area Examined 4 Sec.  
 Time of Examination: from 8:30 a.m. or pm to 11:00 a.m. or pm  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought out side  
 (Signed)

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

| Location                           | Violation or Hazardous Condition | Action Taken |
|------------------------------------|----------------------------------|--------------|
| 1. <u>Work Area</u> <u>0200W</u>   | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Power Centers</u> <u>02W</u> | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Chasquero</u> <u>02</u>      | <u>none observed</u>             | <u>none</u>  |
| 4. <u>Pumps 1-A-B</u> <u>02</u>    | <u>out of service</u>            | <u>none</u>  |
| 5. _____                           | _____                            | _____        |
| 6. _____                           | _____                            | _____        |
| 7. _____                           | _____                            | _____        |
| 8. _____                           | _____                            | _____        |
| 9. _____                           | _____                            | _____        |
| 10. _____                          | _____                            | _____        |

#### Air Measurements

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

Remarks: No accident 02 20.802 COOK  
Track + Travelway clear after am.

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 Ray Peterson 29611  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Rick Foster 28736  
 Mine Manager—Mine Foreman Certificate No.  
Ray Peterson 29611  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-22 2010 Section or Area Examined 4322  
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 Report received by (Signed) Brought out side Time A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-4 contain handwritten entries: 1. Work Area O2ACH4 none observed none; 2. Power Center O2ACH4 none observed none; 3. Chargers O2ACH4 none observed none; 4. Pumps 1-A-B O2ACH4 none observed none.

Air Measurements

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

Remarks: O2ACH4 dect. 0% 20.50 CO 0%  
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] Certificate No. 29611  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2879  
Assistant Foreman  
Superintendent or Assistant

Jim Deppa 32261

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 1-22 20. 10 Section or Area Examined 4 Section Barrier  
 Time of Examination: from 1 a.m. or 3 p.m. to 3 a.m. or 3 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 0% CH <sub>4</sub>    | None observed                    | None         |
| 2. Power Center 0% CH <sub>4</sub> | None observed                    | None         |
| 3. Changer 0% CH <sub>4</sub>      | None observed                    | None         |
| 4. Pumps 1-A-B 0% CH <sub>4</sub>  | Out of Service                   | Reported     |
| 5. _____                           | _____                            | _____        |
| 6. _____                           | _____                            | _____        |
| 7. _____                           | _____                            | _____        |
| 8. _____                           | _____                            | _____        |
| 9. _____                           | _____                            | _____        |
| 10. _____                          | _____                            | _____        |

Air Measurements

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

Remarks:

0% CH<sub>4</sub> 0% CO<sub>2</sub> 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 Jacq Stewart Preshift-Mine Examiner Certificate No. 39199  
 Countersigned Rick Baker Mine Manager—Mine Foreman Certificate No. 28254  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Mine No. 1 1947-A

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### 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 1-22-20 Section or Area Examined 4 section BARRICA

Time of Examination: from 4:20 a.m. or P.M. to 11:30 a.m. or P.M.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by Blought 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, and Chargers.

Air Measurements

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

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected

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. 1947-A Assistant Foreman Certificate No. 28236 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 1-23-10 2010 Section or Area Examined 4 section Ballist  
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 B Bought out  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

|     | Location      | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|---------------|-----------------|----------------------------------|--------------|
| 1.  | work Area     | 0%              | None observed                    | None         |
| 2.  | Power centers | 0%              | None observed                    | None         |
| 3.  | chargers      | 0%              | None observed                    | None         |
| 4.  |               |                 |                                  |              |
| 5.  |               |                 |                                  |              |
| 6.  |               |                 |                                  |              |
| 7.  |               |                 |                                  |              |
| 8.  |               |                 |                                  |              |
| 9.  |               |                 |                                  |              |
| 10. |               |                 |                                  |              |

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0 PPM C.O., Detected

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 Myler Cole 1947A  
Preshift Mine Examiner Certificate No.  
Countersigned Rick Foster 2873L  
Mine Manager—Mine Foreman  
Assistant Foreman Certificate No.

Superintendent or Assistant  
George Curry 27429

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

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

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman/Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-23 2010 Section or Area Examined Barrier Section
Time of Examination: from 12:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by Brought outside (Signed)

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, power centers, and chargers, all marked as 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'Roof Air Movement'.

Remarks: 0% CH4, 0% CO, 20.8% O2 work area clear at clear

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 Currie 27429 Certificate No.
Countersigned Rust Foster 28736 Assistant Foreman Certificate No.

May 26 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) \_\_\_\_\_

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 1-23-10 Section or Area Examined Barrier Section  
 Time of Examination: from 8:30 a.m. or 0 h. to 11:30 a.m. or 0 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 <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|---------------|-----------------|----------------------------------|--------------|
| 1.  | WORK AREA     | 0%              | none observed                    | none         |
| 2.  | Power centers | 0%              | none observed                    | none         |
| 3.  | chargers      | 0%              | none observed                    | none         |
| 4.  |               |                 |                                  |              |
| 5.  |               |                 |                                  |              |
| 6.  |               |                 |                                  |              |
| 7.  |               |                 |                                  |              |
| 8.  |               |                 |                                  |              |
| 9.  |               |                 |                                  |              |
| 10. |               |                 |                                  |              |

### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good AIR movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 0% Ch<sub>4</sub>, 20.8% O<sub>2</sub>, 0PPM C.O. Detected

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. 1947A  
 Preshift-Mine Examiner Assistant Foreman Certificate No.  
 Countersigned [Signature] Certificate No. 28731  
 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 1-24-10 2010 Section or Area Examined Barrier section

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

Was this report phoned to outside: Yes no

By whom 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, Chargers, Powercenters, and empty rows 4-10.

Air Measurements

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

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O. Detected

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. 1947A Assistant Foreman

Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28236

Assistant Foreman Superintendent or Assistant

Lacy Stewart 39199

George Curry 27429

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 1-24 2010 Section or Area Examined 4 Section Barrier  
 Time of Examination: from 12 a.m. or PM to 3 a.m. or PM  
 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  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>Work Area</u> <u>0% CH<sub>4</sub></u>    | <u>NONE observed</u>             | <u>NONE</u>  |
| 2. <u>Chargers</u> <u>0% CH<sub>4</sub></u>     | <u>NONE observed</u>             | <u>NONE</u>  |
| 3. <u>Powercenters</u> <u>0% CH<sub>4</sub></u> | <u>NONE observed</u>             | <u>NONE</u>  |
| 4. _____  | _____                            | _____        |
| 5. _____  | _____                            | _____        |
| 6. _____  | _____                            | _____        |
| 7. _____  | _____                            | _____        |
| 8. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____                                       | _____                            | _____        |

#### Air Measurements

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

#### Remarks:

0% CH<sub>4</sub>, 0% CO, 20.8% CO

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 Jay Stewart 39199 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Rick Jester Mine Manager—Mine Foreman 2823

Ray Peterson Assistant Foreman 29611  
 Superintendent or Assistant

Dec 19 1947-4

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 1-24 2016 Section or Area Examined 4 sec.

Time of Examination: from 8:30 a.m. or 11:00 a.m. or pm.

Was this report phoned to outside: Yes no

By whom Brought out Time AM P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location            | Violation or Hazardous Condition   | Action Taken |
|---------------------|------------------------------------|--------------|
| 1. <u>Work Area</u> | <u>CH4 0%</u> <u>None observed</u> | <u>None</u>  |
| 2. <u>Chargers</u>  | <u>0%</u> <u>None observed</u>     | <u>None</u>  |
| 3. <u>P/c's</u>     | <u>0%</u> <u>None observed</u>     | <u>None</u>  |
| 4.                  |                                    |              |
| 5.                  |                                    |              |
| 6.                  |                                    |              |
| 7.                  |                                    |              |
| 8.                  |                                    |              |
| 9.                  |                                    |              |
| 10.                 |                                    |              |

Air Measurements

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

Remarks: 0% CH4, 20.8% O2, 0PPM C.O Detected

TRACK, Travelways, OK At Time of exam

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

Signed By [Signature] 1947-A  
 Preshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 2373  
 Mine Manager—Mine Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

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 1-25-10 2010 Section or Area Examined 4 section  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ 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.  | work Area Oloch4 | none observed                    | none         |
| 2.  | Chargers Oloch4  | none observed                    | none         |
| 3.  | P.C.'s Oloch4    | none observed                    | none         |
| 4.  |                  |                                  |              |
| 5.  |                  |                                  |              |
| 6.  |                  |                                  |              |
| 7.  |                  |                                  |              |
| 8.  |                  |                                  |              |
| 9.  |                  |                                  |              |
| 10. |                  |                                  |              |

### Air Measurements

| Location                 | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>good air movement</u> |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |

Remarks: Noch4 dect. ok w.r. or CO2  
Track - 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 Am. Tolson 29611 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Keith Wilson 28236 Mine Manager - Mine Foreman \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Tom Brown 32261 Loey Stewart 39199

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 1-25 Section or Area Examined 4 Section
Time of Examination: from 1200 a.m. or p.m. to 300 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 'WORK AREA', 'CHARGERS', and 'POWER CHARGERS' with 'NONE OBSERVED' and 'NONE' as actions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'GOOD AIR MOVEMENT'.

Remarks: % CH4, 20.8% O2, % CO
TRACK, TRAVELERS 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. 1659A
Countersigned [Signature] Mine Foreman Certificate No. 25736
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant Certificate No. 1947-A

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### 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 1-25 2010 Section or Area Examined 4 sec  
 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 brought out side 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</u> <u>O'CONNOR</u> | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Charger</u> <u>O'CONNOR</u>   | <u>none observed</u>             | <u>none</u>  |
| 3. <u>P/C's</u> <u>O'CONNOR</u>     | <u>none observed</u>             | <u>none</u>  |
| 4. <u>---</u>                       | <u>---</u>                       | <u>---</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> |
| <u>---</u> | <u>---</u> | <u>---</u> | <u>---</u> |

Remarks: NoCH4 det. 0% 20.5 or 000%  
Tracks & travelway clear

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 Assistant Foreman Certificate No. ---  
 Countersigned (Signature) Mine Manager - Mine Foreman Certificate No. 2823e  
 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 1-26 20 19 Section or Area Examined 4 sec.  
 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 \_\_\_\_\_  
 (Signed) brought outside

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>Chassis 0% CH4</u>   | <u>none observed</u>             | <u>none</u>  |
| 3. <u>P/C's 0% CH4</u>     | <u>none observed</u>             | <u>none</u>  |
| 4. <u>Pumps 1-A-B</u>      | <u>out of service</u>            | <u>none</u>  |
| 5. _____                   | _____                            | _____        |
| 6. _____                   | _____                            | _____        |
| 7. _____                   | _____                            | _____        |
| 8. _____                   | _____                            | _____        |
| 9. _____                   | _____                            | _____        |
| 10. _____                  | _____                            | _____        |

Air Measurements

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

Remarks: No CH4 detect. 0% 20.5 or CO2.  
Tracks & Tranehways clear at exam.  
Fresh air Bay clear

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] 22611  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 2372  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
[Signature] 32261  
 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 1-26-10 20. Section or Area Examined 4sec  
 Time of Examination: from 1:00 ~~am~~ or p.m. to 4:00 ~~am~~ or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought (Signed)

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

| Location                        | Violation or Hazardous Condition | Action Taken |
|---------------------------------|----------------------------------|--------------|
| 1. <u>Black Area</u> <u>0%</u>  | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Charges</u> <u>0%</u>     | <u>None observed</u>             | <u>None</u>  |
| 3. <u>ground logs</u> <u>0%</u> | <u>None observed</u>             | <u>None</u>  |
| 4. <u>groups 1, A, B</u>        | <u>out of service</u>            |              |
| 5. _____                        |                                  |              |
| 6. _____                        |                                  |              |
| 7. _____                        |                                  |              |
| 8. _____                        |                                  |              |
| 9. _____                        |                                  |              |
| 10. _____                       |                                  |              |

#### Air Measurements

| Location               | CFM | Location | CFM |
|------------------------|-----|----------|-----|
| <u>Godwin movement</u> |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |
| _____                  |     |          |     |

Remarks: 0% CH<sub>4</sub> 0% CO<sub>2</sub> 20.8% detected  
track, haulways, safe at pass

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 Sawyer 32261 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned Rich Foster 28736 Mine Manager - Mine Foreman Certificate No. \_\_\_\_\_  
Ray Peterson 29611 Assistant Foreman Certificate No. \_\_\_\_\_  
Jim Will 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 1-26 26 10 Section or Area Examined 4 sec.  
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 (Signed) Superintendent

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Charges, P/C's, Pumps 1-A-B.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: good air movement

Remarks: No. 44 deck, 02 20.80 - 000  
Tracks & travelways clear to mouth of sec.  
Out by charter of 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. 1654A  
Countersigned [Signature] Certificate No. 28236  
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 1-27 2010 Section or Area Examined d/s  
 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 out side 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%</u> | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Charges 0%</u>   | <u>none observed</u>             | <u>none</u>  |
| 3. <u>P/C's 0%</u>     | <u>none observed</u>             | <u>none</u>  |
| 4. <u>Pumps 1-A-B</u>  | <u>out of service</u>            |              |
| 5. <u>        </u>     |                                  |              |
| 6. <u>        </u>     |                                  |              |
| 7. <u>        </u>     |                                  |              |
| 8. <u>        </u>     |                                  |              |
| 9. <u>        </u>     |                                  |              |
| 10. <u>        </u>    |                                  |              |

Air Measurements

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

Remarks: NoCH<sub>4</sub> det. 0% 20.5% CO<sub>2</sub>  
Tracks & tunnelways 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] Certificate No. 29611 Assistant Foreman          Certificate No.           
 Countersigned [Signature] Mine Manager—Mine Foreman          Assistant Foreman         

Superintendent or Assistant George Curry 27429

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 1-27-10 20. Section or Area Examined 4 Sec (Barnea)  
 Time of Examination: from 1:00 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 <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-------------------------|-----------------|----------------------------------|--------------|
| 1. <u>Work Area</u>     | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Changin</u>       | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Pumps Bore</u>    | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. <u>Pumps 1, A, B</u> |                 | <u>out of service</u>            |              |
| 5. _____                |                 |                                  |              |
| 6. _____                |                 |                                  |              |
| 7. _____                |                 |                                  |              |
| 8. _____                |                 |                                  |              |
| 9. _____                |                 |                                  |              |
| 10. _____               |                 |                                  |              |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> detected  
track, travel ways, safe 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 Jim Douglas 3254 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned Bob Miller Mine Manager - Mine Foreman Certificate No. 28736  
Ray Johnson Assistant Foreman Certificate No. 24611 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift 2221 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 1-27 2010 Section or Area Examined 4 sec.  
 Time of Examination: from 9:30 a.m. or p.m. to 11:00 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 070CH4</u> | <u>none observed</u>             | <u>none</u>  |
| 2. <u>chargers 0%</u>      | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Power Center 0%</u>  | <u>none observed</u>             | <u>none</u>  |
| 4. <u>Pumps 1-A-B</u>      | <u>out of service</u>            |              |
| 5. <u>---</u>              |                                  |              |
| 6. <u>---</u>              |                                  |              |
| 7. <u>---</u>              |                                  |              |
| 8. <u>---</u>              |                                  |              |
| 9. <u>---</u>              |                                  |              |
| 10. <u>---</u>             |                                  |              |

#### Air Measurements

| Location   | CFM                      | Location   | CFM        |
|------------|--------------------------|------------|------------|
| <u>---</u> | <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: NOCH4 Det. 0% 20.8% CO 0%  
Track & Transways 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] Preshift-Mine Examiner 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 1-28 Section or Area Examined 450  
 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 Reported 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 07044</u>  | <u>none observed</u>             | <u>none</u>     |
| 2. <u>Chargers 070</u>     | <u>none observed</u>             | <u>none</u>     |
| 3. <u>Power Center 070</u> | <u>none observed</u>             | <u>none</u>     |
| 4. <u>Pumps 1-A-B</u>      | <u>out of service</u>            | <u>        </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> |
| <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% 20.8oz 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] Certificate No. 29411 Assistant Foreman          Certificate No.           
 Countersigned [Signature] Mine Manager - Mine Foreman          Certificate No. 28736  
 Assistant Foreman         

Superintendent or Assistant [Signature] 37261 [Signature] 39199

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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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 1-28 20 10 Section or Area Examined Barrier 4 Section  
 Time of Examination: from 1 a.m. or 3 p.m. to 3 a.m. or 6 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                             | Violation or Hazardous Condition | Action Taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Worst Area</u> <u>0% CH4</u>   | <u>NONE observed</u>             | <u>NONE</u>  |
| 2. <u>Powercenter</u> <u>0% CH4</u>  | <u>NONE observed</u>             | <u>NONE</u>  |
| 3. <u>Changer</u> <u>0% CH4</u>      | <u>NONE observed</u>             | <u>NONE</u>  |
| 4. <u>Pumps 1, A-B</u> <u>0% CH4</u> | <u>Out of Service</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  
Track, Travelway, Powercenters, D-Boxes 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 Gay Stewart 39199 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned Rick Miller Mine Manager—Mine Foreman Certificate No. 28732  
[Signature] Assistant Foreman Certificate No. 29611 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-28 20-10 Section or Area Examined #4 sec.  
 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 brought out side (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location                   | Violation or Hazardous Condition | Action Taken |
|----------------------------|----------------------------------|--------------|
| 1. <u>Work Area 0%</u>     | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Power Centers 0%</u> | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Chargers 0%</u>      | <u>none observed</u>             | <u>none</u>  |
| 4. <u>Pumps 1-A-B</u>      | <u>out of service</u>            |              |
| 5. _____                   |                                  |              |
| 6. _____                   |                                  |              |
| 7. _____                   |                                  |              |
| 8. _____                   |                                  |              |
| 9. _____                   |                                  |              |
| 10. _____                  |                                  |              |

### Air Measurements

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

Remarks: Accu deck - 0% 20.8 or 00%  
Tracks & Travelways clear of exam.  
Fresh air Bay clear

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] 29611 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 28736 Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 1-29 2010 Section or Area Examined #4 sec.  
 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 brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition | Action Taken    |
|--------------------------------------|----------------------------------|-----------------|
| 1. <u>Work Area O<sub>2</sub></u>    | <u>none observed</u>             | <u>none</u>     |
| 2. <u>Power Center O<sub>2</sub></u> | <u>none observed</u>             | <u>none</u>     |
| 3. <u>Chargem O<sub>2</sub></u>      | <u>none observed</u>             | <u>none</u>     |
| 4. <u>D. Box O<sub>2</sub></u>       | <u>none observed</u>             | <u>none</u>     |
| 5. <u>Pumps 1-A-B</u>                | <u>out of service</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>          | <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 CH<sub>4</sub> det O<sub>2</sub> 20.8% CO O<sub>2</sub>  
Track & travelways clear at exam.  
Fresh Air Bay clear

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] Freshift-Mine Examiner Certificate No. 24611  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736  
 Assistant Foreman Certificate No.         

[Signature] Superintendent or Assistant [Signature] 39199 [Signature] 1007-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*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 1-29-10 Section or Area Examined 4 Section  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes X no X Time          A.M.          P.M.  
 By whom           
 Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

|     | Location     | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|--------------|-----------------|----------------------------------|--------------|
| 1.  | work Area    | 0%              | None observed                    | None         |
| 2.  | Power center | 0%              | None observed                    | None         |
| 3.  | Charger's    | 0%              | None observed                    | None         |
| 4.  | D-Box        | 0%              | None observed                    | None         |
| 5.  | Pumps 1-A-B  | <del>0%</del>   | Out of service                   | None         |
| 6.  |              |                 |                                  |              |
| 7.  |              |                 |                                  |              |
| 8.  |              |                 |                                  |              |
| 9.  |              |                 |                                  |              |
| 10. |              |                 |                                  |              |

Air Measurements

CFM

Location

CFM

Location good air movement

Remarks:

0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO  
TRAVELERS and tracks clear at T.O.F.

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

1639A  
 Certificate No.  
28734

Assistant Foreman

Certificate No.

Countersigned

[Signature]  
 Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-29 Section or Area Examined # 4 section  
 Time of Examination: from 8:30 a.m. or on to 11:30 a.m. or on  
 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 <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|--------------|-----------------|----------------------------------|--------------|
| 1.  | Work Area    | 0%              | None observed                    | None         |
| 2.  | Power Center | 0%              | None observed                    | None         |
| 3.  | Charger's    | 0%              | None observed                    | None         |
| 4.  | D-Box        | 0%              | None observed                    | None         |
| 5.  | Pumps I-A-B  |                 | out of service                   | None         |
| 6.  |              |                 |                                  |              |
| 7.  |              |                 |                                  |              |
| 8.  |              |                 |                                  |              |
| 9.  |              |                 |                                  |              |
| 10. |              |                 |                                  |              |

#### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good AIR Movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0 PPM C.O. Detected  
Track, Travelways, Powercenter, D-Box, OK At Time of exam

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

Signed By [Signature] 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

#4 Section (Barnea)

Date of Examination 1-30-10 20: Section or Area Examined \_\_\_\_\_  
 Time of Examination: from 3:00 a.m. or 6:00 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                | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-------------------------|-----------------|----------------------------------|--------------|
| 1. <u>work area</u>     | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Lower level</u>   | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Charges</u>       | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. <u>D-Box</u>         | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 5. <u>pumps 1, A, B</u> |                 | <u>out of service</u>            |              |
| 6. _____                |                 |                                  |              |
| 7. _____                |                 |                                  |              |
| 8. _____                |                 |                                  |              |
| 9. _____                |                 |                                  |              |
| 10. _____               |                 |                                  |              |

## Air Measurements

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

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> detected  
track, travel ways safe at all times

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 Greg Cole Certificate No. 1947-A Assistant Foreman  
 Countersigned Rick Cole Certificate No. 28736 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-30 2010 Section or Area Examined 4 Section Barrier  
 Time of Examination: from 1 a.m. or 4 p.m. to 4 a.m. or 4 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                | Violation or Hazardous Condition | Action Taken         |
|-------------------------|----------------------------------|----------------------|
| 1. <u>Work Area</u>     | <u>0% CH<sub>4</sub></u>         | <u>NONE observed</u> |
| 2. <u>Power Box</u>     | <u>0% CH<sub>4</sub></u>         | <u>NONE observed</u> |
| 3. <u>Changers</u>      | <u>0% CH<sub>4</sub></u>         | <u>NONE observed</u> |
| 4. <u>O-Box</u>         | <u>0% CH<sub>4</sub></u>         | <u>NONE observed</u> |
| 5. <u>Pumps I, A, B</u> | <u>Out of Service</u>            | <u>NONE</u>          |
| 6. _____                | _____                            | _____                |
| 7. _____                | _____                            | _____                |
| 8. _____                | _____                            | _____                |
| 9. _____                | _____                            | _____                |
| 10. _____               | _____                            | _____                |

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub>  
Track, Travelway 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 Jacy Stewart Preshift Mine Examiner Certificate No. 39199  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28734  
 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

MCS/CL 1947-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-30 Section or Area Examined 4 section Barrier  
Time of Examination: from 9:30 a.m. or 9 a.m. to 11:30 a.m. or 11 a.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

|     | Location    | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|-------------|-----------------|----------------------------------|--------------|
| 1.  | WALK AREA   | 0%              | None observed                    | None         |
| 2.  | Power Box   | 0%              | None observed                    | None         |
| 3.  | Chargers    | 0%              | None observed                    | None         |
| 4.  | D-Box       | 0%              | None observed                    | None         |
| 5.  | PUMPS 1-A-B |                 | out of service                   |              |
| 6.  |             |                 |                                  |              |
| 7.  |             |                 |                                  |              |
| 8.  |             |                 |                                  |              |
| 9.  |             |                 |                                  |              |
| 10. |             |                 |                                  |              |

Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good AIR movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 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] Preshift Mine Examiner Certificate No. 1947A  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2823E  
Assistant Foreman Superintendent or Assistant

Loay Stenad 39199

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

50

Report shall be signed when made

Use Indelible Pencil or Ink

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

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple rows.

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 \_\_\_\_\_ Mine Manager—Mine Foreman \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_