

7 GWM
5-25-2010

3 Section

Started 9-7-09
Ended 9-24-09

PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance Coal

Mine UBB

SECTION 3 Section

LOCATION Naoma Raleigh W.Va.
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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-7-09 20. Section or Area Examined 3 Section
Time of Examination: from 2:00 or p.m. to 2:30 or p.m.
Was this report phoned to outside: Yes _____ no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM

Remarks: BWERCENTERS, CHARGERS, TRACK, TRAVELWAYS Clear T.O.E.
0% CH4, 20.8% O2, 0ppm CO Detected at EXAM time
Outby Chamber Clear time of EXAM

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

Signed By Scott Halstead 37567 Assistant Foreman Certificate No.
Preshift-Mine Examiner
Countersigned [Signature] 37567 Assistant Foreman
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

Date of Examination 9-7-2009 Section or Area Examined 3-Section
 Time of Examination: from 9:00 a.m. or 10:00 a.m. or 10:00 p.m.
 Was this report phoned to outside: Yes X no X
 By whom Broughton F. Steve Celo Time 10:35 P.M.
 Report received by Steve Celo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	ch 40%	Reported
#2	N/O	
#3	Needs 1 Row	
#4	N/C/O	
#5	N/O	
#6	Face Needs Dusted N/C/O + roadway	
#7	from P.C. to Face	
#6	N/C/O	
#7	Scoop down in #7 Face	

Air Measurements

Location	CFM	Location	CFM
Lft. LOB	25,240		
Rt. LOB	27,120		

Remarks: P.C. Chargers Travel Roads Outby Chamber } O.K. at time of exam 20.8% O₂

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 8 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 6: 3CC, 3L, 4CC, 5; Damaged Brake and wide Bolts; spot bolted. Row 7: #3 entry 1/2 brk out by; Brake and Damaged Bolts; Spot Bolted.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: ch4 0.0%. Row 2: CO 0%. Row 3: O2 20.8%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: #7 5:00 AM 0.0%. Row 2: #1 5:57 AM 0.0%.

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 1757A Certificate No. Mine Foreman-Mine Manager 32000 Certificate No. Superintendent or Assistant

Use Indelible
Penell or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 7-8-01 20 Section or Area Examined #3
 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 J. Oughdoff Time 5:58 A.M. P.M.
 Report received by R. Foster
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>water in face</u>	<u>Rep.</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>Rep. Tagged</u>
3. <u>3</u>	<u>Need add cleaning & dusting</u>	<u>Rep.</u>
4. <u>4, 5, 6, GR</u>	<u>Part Bolted</u>	<u>Rep. Tagged</u>
5. <u>7</u>	<u>Need capD, Bolt out Rightside in face</u>	<u>Rep., Tagged</u>
6. <u>GR outby</u>	<u>Damaged Bolt</u>	<u>Rep. Tagged</u>
7. <u>4 crosscut outby</u>	<u>wide Bolts</u>	<u>" "</u>
8. <u>SR</u>	<u>brake bolt</u>	<u>" "</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L-Return</u>	<u>21,105</u>		
<u>R-Return</u>	<u>20,307</u>		

Remarks: PC, chargers, haulways roadways clear at time of exam 20.82.02 on each
Air chamber clear at time of exam.

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

Signed By [Signature] Certificate No. 11557A
 Pre-shift Mine Examiner Assistant Foreman
 Countersigned [Signature] Certificate No. 28734
 Mine Manager - Mine Foreman

Assistant Foreman

Superintendent or Assistant

Rick Foster 28734

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9.8 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>water in face</u>	<u>Corrected</u>
2. <u>2</u>	<u>P. Bolted</u>	}
3. <u>3</u>	<u>N. add. cleaning dusting</u>	
4. <u>4, 5, 6, 6R</u>	<u>P. Bolted</u>	
5. <u>7</u>	<u>N/C/D bolt out of face</u>	}
6. <u>cor out by</u>	<u>Damaged bolts</u>	
7. <u>4 crosscut</u>	<u>wide bolts</u>	<u>Tagged</u>
8. <u>SR</u>	<u>Broke Bolt</u>	<u>"</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>L. Return</u>	<u>21, 105</u>		<u>Steve Campbell</u> <u>No Air Reading</u> <u>No Life shelter</u> <u>Report</u>		
<u>R. Return</u>	<u>20, 307</u>				

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Rt. Ret</u>	<u>800</u>	<u>0%</u>			
	<u>1200</u>	<u>0%</u>			
<u>Lft. Ret</u>	<u>810</u>	<u>0%</u>			
	<u>1210</u>	<u>0%</u>			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over roof control plan
Spent time crew - buddy check S, SR.

[Signature] Assistant Mine 1662-A Certificate No. [Signature] Mine Foreman-Mine Manager 300000 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-8 20. Section or Area Examined #3
 Time of Examination: from 2:00 a.m. or pm to 3:00 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom S. G. Hall Time 3:00 A.M. P.M.
 Report received by S. G. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	CH40% 0220-8 NOT Bolted	Ref
2	Part Bolted	Ref
3	needs add'l clew	Ref
4	needs cleaned & dusted	Ref
5	none observ	
6	needs cleaned & dusted	Ref
7	3 BOLTS TORE OUT	Ref
8	60bb in FACE	Ref
9		
10		

Air Measurements

Location	CFM	Location	CFM
L LOB	2491		
R LOB	2314		

Remark: Power center and Roadways clear at time of exam
CH40% 0220-8

Clear by shelter clear at time of exam.

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-8-9 Shift EVE Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 Entry	Not Bolted	Bolted + Reflectors
2.	#2	Part Bolted	Bolted + Reflectors
3.	#3-4-6R	Needs Cleaned + Dusted	Cleaned + Dusted
4.	#6R	3 Cut out Bolts	Spotted @ Bolts
5.	#7	Gob	Reported
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	L-Return	4:34pm	0 CH ₄ !		L-Return	10:33pm	0 CH ₄ !
	R-Return	4:56pm	0		R-Return	10:54pm	0
	L-Return	8:32pm	0				
	R-Return	8:52pm	0				
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested Resin-4
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pa. 4 Sect 18 of Rep at 4:25 pm. Lock and tag talk. SCSR's OK.

Bradley Assistant Mine Certificate No. 1122-A
Bob Mine Foreman-Mine Manager Certificate No. 35000
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: Sep 8 2009 Section or Area Examined: 3-Section
 Time of Examination: from 11:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom: Brian Bowles Time: 11:09 A.M. P.M.
 Report received by: James Ruffalo (Signed) 1759-A

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2</u>	<u>CH⁴ 0.0% none observed</u>	<u>none</u>
2. <u>3</u>	<u>clean and dusted</u>	<u>Reported</u>
3. <u>3L</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
4. <u>4-5</u>	<u>none observed</u>	<u>none</u>
5. <u>6R</u>	<u>4 11</u>	<u>none</u>
6. <u>7</u>	<u>needs clean</u>	<u>Reported</u>
8. <u>6 intersection</u>	<u>6 Damage Bolts</u>	<u>Reported, Marked</u>
9. <u>3 juby corner</u>	<u>Loose Bolt</u>	<u>Reported, Marked</u>
10.		

Air Measurements	
Location	CFM
<u>RT</u>	<u>21,200</u>
<u>LT</u>	<u>24,700</u>

Remarks: CH⁴ 0.0 % CO 0 % O₂ 20.8% at time of exam.
Powercenter, chargers, travelways clear at time of exam
Section needs Add Cleaning and Dusting
Outby Chamber of

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

Signed By: Blash Bowles Preshift-Mine Examiner Certificate No. 1122-A
 Countersigned: James Ruffalo Mine Manager - Mine Foreman Certificate No. 1759-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 9, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>7</u>	<u>5:06 AM</u>	<u>0.0%</u>	6.		
2. <u>1</u>	<u>5:40 AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

1059-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

324004
Certificate No.

Superintendent or Assistant

Date of Examination 7-8 2009 Section or Area Examined 3-Section
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom Secemy Bindoff Time 5:50 (A.M.) P.M.
 Report received by S. Colb (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Ch₄ 0%</u>	<u>No</u>
2. <u>2</u>	<u>P. Bolted 2 rows</u>	<u>Reported</u>
3. <u>3L</u>	<u>P. Bolted 1 row</u>	
4. <u>3 & 4</u>	<u>N. Add. cleaning</u>	
5. <u>5</u>	<u>P. Bolted 1 row</u>	
6. <u>6 & 6R</u>	<u>N. C.P.</u>	
7. <u>7</u>	<u>N. Add. cleaning</u>	
8. <u>7</u>	<u>1 wide bolt + 1 broke bolts</u>	
9. <u>6 outby</u>	<u>4 wide bolts</u>	
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lft. LOB</u>	<u>22,480</u>		
<u>Rt. LOB</u>	<u>20,671</u>		

Remarks: P.C.
Changers
Travel ways
Outby Chamber } 20.8% O₂ 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] 1737A [Signature] 1162A
 Pre-shift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 32200A
 Mine Manager - Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/O</u>	<u>Corrected</u>
2. <u>2</u>	<u>P.B.</u>	
3. <u>3</u>	<u>P.B.</u>	
4. <u>3+4</u>	<u>N/O</u>	
5. <u>5</u>	<u>P.B.</u>	
6. <u>4+6R</u>	<u>N/O</u>	
7. <u>7</u>	<u>N/O</u>	
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>705-735</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>915-935</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>1115-1140</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>115-145</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

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

wait over roof control plan w/ entire crew - buddy check on SCSR. Pg. 16 - Nick Plan

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-9-28 2009 Section or Area Examined #3 Section
Time of Examination: from 200 a.m. or 230 p.m. to 230 a.m. or 230 p.m.
Was this report phoned to outside: Yes no
By whom Steve Colo Time 310 A.M. P.M.
Report received by Branch Bong (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry	Part Bolted	Reflectors
2. #2 OCH4!	Scrap Cut	Reflectors
3. #3L 20.80z	Part Bolted	Reflectors
4. #4-7	None Observed	Reported
5. #6 Outby	4 Damaged bolts	Reflectors
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LLOB	23,345		
RLOB	22,162		
OCH4!			
20.80z			

Remarks: Power Center
Travelways } OK at time of exam.
Chargers }
Outby Shelter } OCH4! 20.80z

Sect. Needs Add Cleaning

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1662-A
Countersigned Branch Bong Assistant Foreman Certificate No. 75011111
[Signature] Mine Manager - Mine Foreman Assistant Foreman
Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. # 1-3L-2	Scrap Cuts - Part Bolted	Bolted + Reflectors
2. # 4-7	None Observed	Reported
3. # 6	Damaged Bolts	Spotted 4 Bolts
4. # 3 R Inby Corner	loose Bolt	Spotted Bolt
5.		
6. Track Entry Outby	loose Rock Ribs	Set 18 sandjacks
7. Charger	loose Rock Rib	Set 2 sandjack
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	4:35pm	0 CH ₄ %	6. Lt. Return	10:36pm	0 CH ₄ %
2. Rt. Return	4:51pm	0	7. Rt. Return	10:50pm	0
3. Lt. Return	8:31pm	0	8.		
4. Rt. Return	9:58pm	0	9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) LTA safety talk Pg. 3

geot c RCP at 4:25 pm
Paul Bay 1122-A [Signature]
 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep. 9 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:30 a.m. or (p.m.) to 11:00 a.m. or (p.m.)
Was this report phoned to outside: Yes no
By whom Brandon Bandy Time A.M. 11:15 P.M.
Report received by James Rydzak (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	CH ₄ 0.0% Clean and Dusted	Reported
2	cutby corner missing Bolt	Reported, Marked
3	Part Bolted	Reflector off
4	none observed	none
5	Scrap cut	Reflector off
6	Need Cleaned	Reported
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LT LOB	23140		
RT LOB	20052		

Remarks: CH₄ 0.0% CO₂ 208 PPM at time of exam
Powercenter, charger, travelways clear at time of exam
cutby 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 Brandon Bandy Preshift-Mine Examiner Certificate No. 1122-A
Countersigned Adam [Signature] Mine Manager - Mine Foreman Certificate No. 1755-A
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date Sep 10, 09 Shift Owl Area or Section 3-section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>O₂</u>	<u>20.8%</u>	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>7</u>	<u>5:00 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>1</u>	<u>5:50 AM</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

 Assistant Mine Foreman
1759-A Certificate No.
 Mine Foreman-Mine Manager
3200000 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-10-09 20 Section or Area Examined #3 Section
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jeremy Burdough Time 6:06 A.M. P.M.
Report received by Beck Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 8 rows of handwritten entries regarding entries #1-7 and cut back.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for left and right O2 cut measurements.

Remarks: 20.8% O2, 1.0% ch4, 0% CO2, truck, truckings, power senta, scoop charger clear at time of exam.
Rescue chambers clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1769A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 350000
Assistant Foreman Beck Foster 28236
Superintendent or Assistant [Signature] Certificate No. 1662A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>n/kp</u>	<u>Corrected</u>
2. <u>2</u>	<u>missing bolts in face</u>	
3. <u>3</u>	<u>P. Bolted</u>	
4. <u>4</u>	<u>N/O</u>	
5. <u>5</u>	<u>scrap cut</u>	
6. <u>6</u>	<u>N. add. Cleaning</u>	
7. <u>7</u>	<u>N/O</u>	
8. <u> </u>	<u> </u>	<u> </u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>700-730</u>	<u>0%</u>	11. <u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	12. <u> </u>	<u> </u>	<u> </u>
3. <u>1-7</u>	<u>900-936</u>	<u>0%</u>	13. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	14. <u> </u>	<u> </u>	<u> </u>
5. <u>1-7</u>	<u>1100-1130</u>	<u>0%</u>	15. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>	16. <u> </u>	<u> </u>	<u> </u>
7. <u>1-7</u>	<u>100-130</u>	<u>0%</u>	17. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>	18. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>	19. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>	20. <u> </u>	<u> </u>	<u> </u>

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over roof control plan
B. #1 Pg #1
Assistant Mine Foreman: [Signature] Certificate No. 1662-A
Mine Foreman/Mine Manager: [Signature] Certificate No.
Superintendent or Assistant: [Signature]

Date of Examination 9-10-09 20 Section or Area Examined #3 Section
 Time of Examination: from 2:00 a.m. or (p.m.) to 3:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Steve Cole Time A.M. 3:02 (P.M.)
 Report received by Rick Fahn
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry D ^o ch ₄	none observed	none
2. #2. entry D ^o ch ₄	needs cleaned & dusted	reported
3. #3. entry D ^o ch ₄	needs dusted	reported
4. #4. entry D ^o ch ₄	none observed	none
5. #5. entry D ^o ch ₄	not bolted	reflected
6. #6. entry D ^o ch ₄	none observed	none
7. #7. entry D ^o ch ₄	needs cleaned & dusted	reported
8. 6 X cut D ^o ch ₄	bolts are damaged	reflected
9. #5. entry D ^o ch ₄	left side corner needs bolted	reflected
10.		

Air Measurements

Location	CFM	Location	CFM
left D.X. cut	25,380		
right D.X. cut	23,225		

Remarks: 20.8% O₂, 0% ch₄, 0% CO₂. Truck, trackways power center, scoop charger clear at time of exam
Rescue chamber clear at time of exam

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

Signed By [Signature] 1662A Brandon Bow 1122-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 250000
 Mine Manager - Mine Foreman
Rick Fahn 28731
 Assistant Foreman Superintendent or Assistant

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
#2 Entry	Needs Cleaned + Dusted	Dusted
#3	Needs Dusted	Dusted
#5	Not Bolted	Bolted + Reflectors
#7	Needs Cleaned + Dusted	Cleaned + Dusted
#5-6R	Damaged Bolts - #5 Corner	Spotted 2 Bolts
#4-3L	Damaged Bolts	#5 6 Bolts #6R Spotted four Bolts.

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-7	4:30-5pm	0 CH ₄ %			
1-7	6:30-7pm	0			
1-7	8:30-9pm	0			
1-7	10:30-11pm	0			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Lt. Return	4:36pm	0 CH ₄ %	Lt. Return	10:31pm	0 CH ₄ %
Rt. Return	4:55pm	0	Rt. Return	10:57pm	0
Lt. Return	8:33pm	0			
Rt. Return	8:49pm	0			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 5 Sect 20 RCP at 4:20pm.

Burden Perry 1122-A Calcut 350000
 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep 10 20 09 Section or Area Examined 3-Section
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brendan Bush Time A.M. 11:16
Report received by Jeremy Buehler (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1-5.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for locations Lt and Rt.

Remarks: ch4 0.0% CO 0% O2 20.8% at time of exam.
Power center, chargers, travelway clear at time of exam
Outby Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 1122-A [Signature] 1759-A
Countersigned [Signature] Mine Manager-Mine Foreman [Signature] Assistant Foreman

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 11, 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>CH₄</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>CO</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>O₂</u>	<u>20.8%</u>	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#1</u>	<u>5:49 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>#7</u>	<u>5:00</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]
Assistant Mine

1739-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

[Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-11 20 09 Section or Area Examined 3-Section
Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes X
By whom S. C. Colb Birtchuff Time 6:05 A.M. P.M.
Report received by S. Colb (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for #1, 2L, 2, 3, 4, 5, 6, 7, 8, 9, 10 with various conditions like 'Gob in face', 'N. Bolted', 'P. Bolted', 'Missing bolts on R. Side of face', 'Damaged Bolts', 'Wide Bolts outby'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entries for 'Lft. Ret. LOB 24,092' and 'Rt. Ret. LOB 19,750'.

Remarks: P.C. charges Travel ways Outby Chamber All clear at time of exam 20.8% O2 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. 1752A
Countersigned: [Signature] Mine Manager--Mine Foreman
Assistant Foreman: [Signature] Certificate No. 1462-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9/1 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Robin Face	Corrected
2. 24	N. Bolted	
3. 2	P. Bolted	
4. 3	P. Bolted	
5. 4	N/O	
6. 5	N. add. cleaning	
7. 6	P. Bolted	
8. 7	Missin bolts on R. Face	

SR 6R - Damaged Bolts
#6 wide Bolts outby

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2.			12.		
3. 1-7	900-930	0%	13.		
4.			14.		
5. 1-7	1100-1130	0%	15.		
6.			16.		
7. 1-7	100-130	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Rt. LOB		0%	6.		
2. A.S.O. 4		11	7.		
3. Lft. LOB		0%	8.		
4. E 1/1		11	9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over roof control plan w/entire crew - buddy check SCSL. Pg 15 Paragraph 3

Assistant Mine Foreman [Signature] Certificate No. 1142A Mine Foreman/Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-11-09 Section or Area Examined #3 Section
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Steve Cole Time 3:10 P.M.
Report received by Brook Bond (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry (None Observed), #2 (Not Bolted), #3 OCH4% (Needs Cleaned + Tested), #4 20.802 (None Observed), #5 (Needs Cleaned + Tested), #6 (None Observed), #7 (Needs Cleaned). All actions listed as Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data includes LLOB (25,142), RLOB (24,040), OCH4%, 20.802.

Remarks: Power Center OK, Tracelways OK, Chargers OK, Outby Chamber OK at time of exam. OCH4% 20.802

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

Date 9-11-9 Shift EVE Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2 Entry	Not Bolted	Bolted + Reflectors
2.	#3-5-7	Needs Cleaned + Dusted	Cleaned + Dusted
3.			
4.	#3 Int 20.802	4 Damaged bolts	Spotted 4 Bolts
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	4:35 pm	0 CH ₄ !	11.			
2.				12.			
3.	1-7	6:30 pm - 7 pm	0	13.			
4.				14.			
5.	1-7	8:30 - 9 pm	0	15.			
6.				16.			
7.	1-7	10:30 - 11 pm	0	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt. Return	4:39 pm	0 CH ₄ !	6.	Lt. Return	10:32 pm	0 CH ₄ !
2.	Rt. Return	4:59 pm	0	7.	Rt. Return	10:53 pm	0
3.	Lt. Return	8:35 pm	0	8.			
4.	Rt. Return	8:51 pm	0	9.			
5.				10.			

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

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

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

4:27 pm. SCSRS OK. Pg. 4 Sect. 16 RLP AT
Burbert 1122-A _____
 Assistant Mine Foreman-Mine Manager

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: Sep 11 20 09 Section or Area Examined: 3-Section
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes [X] No []
By whom: Brandon Bayliff Time: A.M. 11:12 P.M. [X]
Report received by: Jimmy Bayliff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1-2-5-6-7 ch's of none	observed	none
3-4	Needs Cleared	Reported
3R	Scrap Cut	Reflector off
5R	Not Bolted	Reflector off
5'		
6'		
7'		
8' intersection	3 Bolts Damaged	
3' intersection	2 Loose Bolts	
10'		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,910		
Rt LOB	20,106		

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By: Brandon Bayliff, Preshift-Mine Examiner, Certificate No. 1122-A
Countersigned: [Signature], Mine Manager-Mine Foreman, Certificate No. 7900000
Assistant Foreman: Jimmy Bayliff, Certificate No. 17594
Superintendent or Assistant: [Blank]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 12, 09 Shift owl Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1</u>	<u>4:56</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>7</u>	<u>5:52</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]
Assistant Mine

1759-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No.

[Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-12-2009 Section or Area Examined 3-Section
Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jeremy Burdette Time 6:10 A.M. P.M.
Report received by S. Collo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1 through #7 and 7 outby, with violations like 'Gobin Face', 'N. Add. Clearing', 'N. Bolted', 'Scrap', and 'Needs Sacks Set on Rt. Rib'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Lft. LOB' (22,064) and 'Rt. LOB' (20,011).

Remarks: PC. Chargers, Travelways, Outby Chamber. All clear at time of exam. 20.8% O2 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] 1759-A Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 1662-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1	Coob in face	Corrected
2.	#2	N/A	
3.	#3	N. Add. Clewing	
4.	#3R	N. Bolted	
5.	#4	Mo	
6.	#SR	Scrap	
7.	#6	N/A	
8.	#7	Coob in face	

7outby - Needs Jacks Set on Rt. Rib
Loose bolts - #5 int. + #3 inter.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730	0%	11.			
2.				12.			
3.	1-7	900-930	0%	13.			
4.				14.			
5.	1-7	1100-1130	0%	15.			
6.				16.			
7.	1-7	100-130	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) want over roof control plan w/ entire crew - buddy check on SCSR Pg #5 Paragraph #6

[Signature] Assistant Mine Foreman
1662A Certificate No.
[Signature] Mine Foreman - Mine Manager
7500000 Certificate No.
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-12-09 20 Section or Area Examined 3 Sections

Time of Examination: from 2:00 a.m. or (p.m) to 2:50 a.m. or (p.m)

Was this report phoned to outside: Yes no

By whom Steve Cole Time A.M. 3:00 (P.M)

Report received by Resk Foster
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1, & #5, entries, Dicks	part holtest	reflecta
2. #2, #3, #6, & 7, Dicks	none observed	none
3. #3 XL, Dicks	scrap cut	reflecta
4. #4, Dicks	needs cleaned & dusted	reported
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left I.O.X. cut	23,498		
right I.O.X. cut	24,440		

Remarks: 20.8% O₂, 0% ch, 0% CO, track, travelways,
power center, scoop charger clear at time of exam

Rescue 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 Steve Cole Preshift Mine Examiner Certificate No. 1122-A
 Countersigned Kenney Thompson Mine Manager - Mine Foreman Certificate No. 1689H
Resk Foster Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12-9 Shift EVE Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	# 1-5 Entries	Part Bolted	Bolted, Reflector
2.	# 3L	Scrap Cut	Mined, Reflector
3.	# 4	Needs Cleaned + Dusted	Cleaned + Dusted
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	4:35-5:04	0% CH ₄	11.			
2.				12.			
3.	1-7	6:35-7:04 PM	0% CH ₄	13.			
4.				14.			
5.	1-7	8:25-9:05	0% CH ₄	15.			
6.				16.			
7.	1-7	10:35-11:05 PM	0% CH ₄	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt. Return	4:39 PM	0% CH ₄	6.	Lt. Return		
2.	Rt. Return	5:08 PM	0% CH ₄	7.	Rt. Return		
3.	Lt. Return	8:39 PM	0% CH ₄	8.			
4.	Rt. Return	9:08 PM	0% CH ₄	9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over ROOF control plan with entire crew at 4:35 PM end of track Page 5, Page 7

Kenny Thompson 1689A
Assistant Mine Certificate No.

[Signature]
Mine Foreman/Mine Manager

[Signature]
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-12 2009 Section or Area Examined #3
Time of Examination: from 1030 a.m. or 6 p.m. to 1100 a.m. or 6 p.m.
Was this report phoned to outside: Yes No
By whom Brought out Time 1230 (M) P.M.
Report received by Kenny Thompson
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>Needs cleaned & Dust</u>	<u>Reported</u>
<u>#2</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#3</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#4</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#5</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#6</u>	<u>NONE observed</u>	<u>Reported</u>
<u>#6R</u>	<u>NOT Bolted</u>	<u>Reflector</u>
<u>#7</u>	<u>NONE observed</u>	<u>Reported</u>
<u>9.</u>		
<u>10.</u>		

Air Measurements

Location	CFM	Location	CFM
<u>LT LOB</u>	<u>20,200</u>		
<u>RT LOB</u>	<u>19,000</u>		

Remarks: 20.8% O2, 0% CH4, 0ppm CO, Haulways, TRACK,
POWER CENTER, CHARGERS, CLEAR TIME OF EXAME,
OUTBY CHAMBER OK

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

Signed By Kenny Thompson 1689A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Cody Lash 3300005
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 2-8 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 _____ Below Range _____

Number of Bolts Torqued Above 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 Indellible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-13-09 Section or Area Examined 3 Section
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: Powercenters, chargers, track & travelways clear at Exam time
0% CH₄, 20.8% O₂, 0ppm CO Detected at Exam time
Autby Chamber - 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 Scott Halstead Certificate No. 37567
Preshift-Mine Examiner Assistant Foreman Certificate No.
Countersigned _____ Certificate No. 2906004
Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: Sep 20, 1960. Section or Area Examined: 3-Section. 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 [X] no []. By whom: Brought out. Time: A.M. P.M. Report received by: (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Entries include: 1-3-5 ch% 0.0% Needs Add cleaning (Reported), 2-4 none observed (none), 6 Needs cleaned and Dusted (Reported), 4 GR inby Not Bolted (Reflected off), 5 GR outby cc Missing Bolt (Reported, Marked), 7 Needs Add Cleaning (Reported), 3 1brk outby, outby corner needs spot Bolted (Reported, Marked).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entries: Lt LOB 22,160; Rt LOB 19,796.

Remarks: ch% 0.0% co 0.6 02 20.8% at time of exam.

Powercentary chargers, travelways clear at time of exam.

Outby Chamber OK.

Section Needs Add Cleaning

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

Signed By: [Signature] Preshift Mine Examiner, Certificate No. 1755-A. [Signature] Assistant Foreman, Certificate No. 1755-B. Countersigned: [Signature] Mine Manager-Mine Foreman, Assistant Foreman.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date SEP 14, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Section Idle

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>7</u>	<u>5:00 AM</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>1</u>	<u>5:49 AM</u>	<u>0.0%</u>	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. -----	-----	-----	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

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

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

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

[Signature]
Assistant Mine

1737A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3922
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-14 2009 Section or Area Examined 3-Section
Time of Examination: from 9:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom J. Burdick Time 6:05 A.M. P.M.
Report received by S. Colo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	Chy 6	N Add. Cleaning
2	N/O	Reported
3	N. Add. Cleaning	Reflected
4	N/O	
5	N. Add. Cleaning	
6	N. Bolted	
7	N. Add. Cleaning	
8	#3 Work. outby needs spot bolted	
9	#6 R outby 3-missing bolts	Tagged
10	#6 inby corner needs spot bolted	

Air Measurements

Location	CFM	Location	CFM
L.	23,618		
R.	21,042		

Remarks: P.C. Chargers Travelways Outby Chamber All clear at time of exam 20.8% O2 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. 1759-A Assistant Foreman [Signature] Certificate No. 1662-A
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-14 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-7 and notes about bolted roof and missing bolts.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-7 with methane content of 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for return air courses with methane content of 0%.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over roof control plan w/entire crew buddy checked SCSR by #5 Paragraph #8

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

Use Indelible Pencil or Ink

PRESHIFT MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-14-09 Section or Area Examined #3 section
Time of Examination: from 2:30 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Steve Gold Time 3:00 P.M.
Report received by Brad King (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Entries include #1 Entry (None Observed, Reported), #2 (Scrap Cut, Reflectors), #3 (Needs Cleaned + Dusted, Reported), #4-5-6 (None Observed, Reported), #7 (Scrap Cut, Reflectors), #3L CC (Part Bolted, Reflectors).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entries include LLOB (22,982), RLOB (20,490), OCHY1 (20.802).

Remarks: Power Center } OK at time of exam.
Travelways }
Chargers }
Outby shelter 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 Steve Gold Preshift Mine Examiner Certificate No. 11612-A
Countersigned Brad King Mine Manager - Mine Foreman Certificate No. 1122-A
Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-14-9 Shift EVE Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	# 2 Entry	Scrap Cut	Bolted + Reflectors
2.	# 3	Needs cleaned + dusted	Cleaned + Dusted
3.	# 3L CC OCH ₄	Part Bolted	Bolted + Reflectors
4.	# 7 20.902	Scrap Cut	Bolted + Reflectors
5.			
6.	# 3 Inby Corner	Not Bolted	Spotted Bolt
7.	# 6R CC	3 Damaged bolts	Spotted 3 Bolts
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt. Return	4:35pm	OCH ₄ !	6.	Lt. Return	10:31pm	OCH ₄
2.	Rt. Return	4:50pm	○	7.	Rt. Return	10:47pm	○
3.	Lt. Return	8:32pm	○	8.			
4.	Rt. Return	8:55pm	○	9.			
5.				10.			

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

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

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

4:20pm. SCSR Checks OK. Pg. 4 Sect. 16 RCP at

Branch Boy
Assistant Mine

1122A
Certificate No. Mine Foreman-Mine Manager

[Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep 14 2009 Section or Area Examined 3-Section
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon B... Time A.M 11:13 (RM)
Report received by Jeremy Burghoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1 through 10.

Air Measurements

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

Remarks: ex "0 0% 00 0% 0^2 20.8% at time of exam
Powercenter, chargers, travelways clear at time of exam
Outby Chamber 04

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Seq. 1509 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ch⁴</u>	<u>0.0%</u>	_____	11. _____	_____	_____
2. <u>00</u>	<u>0%</u>	_____	12. _____	_____	_____
3. <u>02</u>	<u>20.8%</u>	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>7</u>	<u>4:02 am</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>1</u>	<u>4:53 am</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]
Assistant Mine

1759A
Certificate No.

[Signature]
Mine Foreman/Mine Manager

2301
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 7-15-09 20. Section or Area Examined 3 section
 Time of Examination: from 4:00 a.m. or (p.m.) to 5:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Jeremy Burdough 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. #1, #7, #6, #6XR, Dinky	needs additional charging	reported
2. #2 entry, Dinky	scoop cut	reflects
3. #3 & #4XR, Dinky	not latched	reflects
4. #4 & #5, Dinky	part latched (needs work)	reflects
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Left D.X. seal	22539		
Right D.X. seal	20084		

Remarks: 20.8% O₂, 0% ch₄, 0% CO, track, trackways, power center, scoop charger clear at time of exam.
Rescue 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 Jeremy Burdough 1757A Certificate No. 320000 Assistant Foreman He [Signature] Certificate No. 116210
 Countersigned Rick Foster Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Rick Foster 28752

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-15 Shift Day Area or Section 3-Section A

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 7, 6, 6R	Needs Add. clearing	Corrected
2.	2	Scrap cut	SS
3.	3 + 4R	N. Bolted	
4.	4 + 5	P. Bolted	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-736	0%	11.			
2.				12.			
3.	1-7	900-936	0%	13.			
4.				14.			
5.	1-7	1100-1136	0%	15.			
6.				16.			
7.	1-7	100-130	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested resin Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over roof control plan w/entire crew - buddy check SCSR. Pg #5 Sect. 9

Assistant Mine [Signature] Certificate No. 1662-A Mine Foreman-Mine Manager [Signature] Certificate No. 32222 Superintendent or Assistant [Signature]

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-15 2009 Section or Area Examined # 3 section
 Time of Examination: from 200 a.m. or 0 p.m. to 230 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no A
 By whom Brought out Time 3:50 A.M. P.M.
 Report received by S. Colo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	No	Reported
2	No	
3	Nfb	
4	No	
4R	A. Bolted	
4L	Outby 2 damaged	
5	No	
6	Nr Bolted	
7	Scrap	
10		

Air Measurements

Location	CFM	Location	CFM
L LOB	24,165		
R LOB	22,288		
OCHY!			
20.802			

Remarks: Power Center
Chargers
Travelways
Outby shelter OK at time of exam.

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-15-09 Shift EVE Area or Section # 3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	# 3 Entry <u>CH₄!</u>	Needs Cleaned + Dusted	Cleaned + Dusted
2.	# 4 RCC <u>20.80</u>	Part Bolted	Bolted + Reflectors
3.	# 4 LCC	Two Damaged Bolts	Spotted 2 Bolts
4.	# 6	Not Bolted	Bolted + Reflectors
5.	# 7	Scrap Cut	Bolted + Reflectors
6.	# 1 Entry	Damaged - Missing Bolts	Spotted 7 Bolts
7.	# 5 Entry	Two damaged Bolts	Spotted 2 Bolts
8.	# 6 2 Brks out by Corner Int.	Corner not Bolted 4 Bolts out Int.	Spotted 6 Bolts

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt. Return</u>	<u>4:36pm</u>	<u>0 CH₄!</u>	6. <u>Lt. Return</u>	<u>10:32pm</u>	<u>0 CH₄!</u>
2. <u>Rt. Return</u>	<u>4:54pm</u>	<u>0</u>	7. <u>Rt. Return</u>	<u>10:50pm</u>	<u>0</u>
3. <u>Lt. Return</u>	<u>8:33pm</u>	<u>0</u>	8.		
4. <u>Rt. Return</u>	<u>8:50pm</u>	<u>0</u>	9.		
5.			10.		

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

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

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

4:19 PM.
fg. 3 sect. A of RUP at

Frank King
Assistant Mine

1122-A
Certificate No.

[Signature]
Mine Foreman - Mine Manager

3222
Certificate No.

Department of Mines

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Sep 15 2009 Section or Area Examined 3-Section
 Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brandon Bowling Time 11:19 A.M. PM
 Report received by Jeremy Byrd (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	ch'oo Scrap cut	Reflector off
2	2-4-7 None observed	none
3	3-5 Clean and Dusted	Reported
4	4R 2 Damage Bolt	Reported, marked
5	5R Part Bolted	Reflector off
6	6 None observed	none
7	6 2brk outby corner not Bolted	Reported, marked
8	6 2brk outby Missing and Damaged Bolts	Reported, marked
9		
10		

Air Measurements

Location	CFM	Location	CFM
LF COB	23,400		
RT COB	21,100		

Remarks: Ch'oo 0.0% CO2 20.8% at time of exam.
Powercenter, chargers, travelways clear at time of exam.
Outby Chamber OK

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

Signed By Brandon Bowling 1122-A Certificate No. 1759-A
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Jeremy Byrd Assistant Foreman
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant:

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 16 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. 7	9:40 AM	0.0%	6.		
2. 1	4:51 AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine Foreman

1259-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

382000
Certificate No.

[Signature]
Superintendent or Assistant Superintendent

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-16-69 Section or Area Examined 209 2-Section
Time of Examination: from 2:05 a.m. or p.m. to 4:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom S. Birdwell Time 6:15 A.M. P.M.
Report received by S. Cole (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	Chylo	N.B. Reported
2		
3	Add. Cleaning	
4	N. Bolted	
5	Add. Dusting	
6	N/O	
7	Gob in Face	
8	#4 Entry Broke bolts	Tagged
9	6 2brt outby Missing and wide Bolts	Marked, Reported
10	B	

Air Measurements

Location	CFM	Location	CFM
Lft. let.	24,850		
Rt. let	20,947		

Remarks: P.C. Travelways Charges Outby Chamber / All clear at time exam 20.8 % O2 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] 1755A Certificate No. 390624
Countersigned [Signature] Mine Manager—Mine Foreman
Assistant Foreman [Signature] Certificate No. 1462-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-16 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include: 1. Not Bolted, Corrected; 2. Add. Clewing, N. Bolted; 3. Add. Dusting; 4. N/O; 5. Gob in Face; 6. #4 Entry Broke Bolts, Tagged/Corrected; 7. 2 brk p missing and wtd bolts, Corrected.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content of 0% at various times and locations (e.g., 1-7, 7:35-800).

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content of 0% at various times and locations (e.g., Lt. Ret., 805).

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) wait over roof control plan Page #5 Paragraph #7 with entire crew - buddy check & CSA

Assistant 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 9-16-09 Section or Area Examined #3 section
Time of Examination: from 200 a.m. or p.m. to 230 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Cole Time A.M 312 P.M.
Report received by Branch (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry (None Observed, Reported), #2 (OCH4l, None Observed, Reported), #3 (20.8, None Observed, Reported), #4 (1, None Observed, Reported), #4L (Scrap Cut, Reflectors), #5-6 Entry's (None Observed, Reported), #7 Entry (Not Bolted, Reflectors).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include L LOB (24,275), R LOB (22,120), OCH4l (20.802).

Remarks: Power Center } OK at time of exam.
Travelways }
Chargers }
Outby Shelter OK at time of exam.
OCH4l. 20.802

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

Signed By Steve Cole Preshift Mine Examiner Certificate No. 1162-A
Branch Assistant Foreman Certificate No. 1122-A
Countersigned Mine Manager - Mine Foreman

Superintendent or Assistant
Rick John 26732

Date 9-16-09 Shift EVE Area or Section # 3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#42 CC	OCH4! Scrap cut	Bolted + Reflectors
2.	#7 Entry	20.802 Not Bolted	Bolted + Reflectors
3.	#3 Int.	Damaged Bolts	Spotted 4 Bolts
4.	#4 Int.	Damaged Bolts	Spotted 3 Bolts
5.	#4R	Damaged Bolts	Spotted 2 Bolts
6.	#6R 1 Brk Outby Incc	Damaged Bolts	Spotted 5 Bolts
7.	#5 L Inby Corner	Not Bolted	Spotted 1 Bolt
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	4:30-5pm	0 CH4!	11.			
2.				12.			
3.	1-7	6:30-7pm	0	13.			
4.				14.			
5.	1-7	8:30-9pm	0	15.			
6.				16.			
7.	1-7	10:30-11pm	0	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt. Return	4:31pm	0 CH4!	6.	Lt. Return	10:33pm	0 CH4!
2.	Rt. Return	4:55pm	0	7.	Rt. Return	10:51pm	0
3.	Lt. Return	8:35pm	0	8.			
4.	Rt. Return	8:54pm	0	9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg 5 sect 17 RCP at 4:17pm

Roof and Rib talk

Branch Boaz
Assistant Mine

1122-A
Certificate No.

[Signature]
Mine Foreman/Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: Sep 16 2009 Section or Area Examined: 3-Sections
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom: Brecker Boulton Time: A.M. 11:17 P.M.
Report received by: Jeremy Bushdoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1-3-6 ch ^o o ^g	None observed	None
2. 2-4-4L	Clear and Dusted	Reported
3. 2L-5	NOT Bolted	Reflector off
4. 4R CC	4 Damage Bolts	Reported, marked
5. 6R	Part Bolted	Reflector off
6. 7	Needs Cleaned	Reported
7.		
8.		
9. 2 intersection	Damaged Bolts	Reported - Marked
10.		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	23,470		
Rt LOB	20,800		

Remarks: ch^oo^g @ 0% O₂ 20.8% at time of exam.

Powercenter, chargers, travelways clear at time of exam.

Outby Chamber

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

Signed By: Bush Boulton Preshift-Mine Examiner

1122-A Certificate No.

Assistant Foreman Certificate No. 1159-A

Countersigned: [Signature] Mine Manager - Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-8 and actions like 'N/C.D.', 'Bolted', 'Dusted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for locations 1-8.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten data for return aircourses.

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

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

owl shift section was idle

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

Signature of Assistant Mine Foreman

17597 Certificate No.

Signature of Mine Foreman-Mine Manager

351100 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-17-2009 Section or Area Examined 3-Section
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside Yes
By whom S. Bieduski S. Colo Time 6:15 A.M. P.M.
Report received by (Signed)

Location	Violation or Hazardous Condition	Action Taken
1	Chy 0%	Scrap Reported
2	N/Bolted	Reflectors
2+3	N/O	
4	N. Add. Cleaning	
4L	P. Bolted	
5, 6, & 7	N/O	
7R	N. Add. Cleaning	
6 at feeder line	4 wide Bolts	Reported and Marked

Air Measurements	
Location	CFM
Lft. COB	22,752
Rt. COB	20,078

Remarks: P.G. Chargers Travel roads Outby Chamber } All clear at time of exam 20.8% O₂ 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. 1765-1A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3900000
Assistant Foreman Certificate No. 1662-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken	
1. <u>1</u>	<u>Scrap</u>	<u>Corrected</u>	
2. <u>2</u>	<u>N. Bolted</u>		
3. <u>2+3</u>	<u>N/O</u>		
4. <u>4</u>	<u>N. Add. Clean</u>		
5. <u>4L</u>	<u>R. Bolted</u>		
6. <u>S, 6, 7</u>	<u>N/O</u>		
7. <u>7R</u>	<u>N. Add. Clean</u>		
8. <u>6 @ feeder line</u>	<u>4 wide bolts</u>		<u>Corrected</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>705-730</u>	<u>0%</u>	11.		
2. <u>1-7</u>	<u>905-930</u>	<u>0%</u>	12.		
3. <u>1-7</u>	<u>1105-1130</u>	<u>0%</u>	13.		
4. <u>1-7</u>	<u>105-130</u>	<u>0%</u>	14.		
5. <u>1-7</u>	<u>105-130</u>	<u>0%</u>	15.		
6. <u>1-7</u>	<u>105-130</u>	<u>0%</u>	16.		
7. <u>1-7</u>	<u>105-130</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LA. Ret.</u>	<u>810</u>		6.		
2. <u>1-11</u>	<u>1205</u>		7.		
3. <u>RT. Ret.</u>	<u>823</u>		8.		
4. <u>11-11</u>	<u>1221</u>		9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Page #5 sections 2+3 of roof control plan Buddy check SCSR.

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-17-88 2009 Section or Area Examined #3 Section
Time of Examination: from 230 a.m. or 300 p.m. to 300 a.m. or 300 p.m.
Was this report phoned to outside: Yes no
By whom Steve Cdo Time 305 A.M. P.M.
Report received by Brunh Bony (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2 Entries	None Observed	Reported
2. #2L CC	Part Bolted	Reflectors
3. #3-4-4L-5	None Observed	Reported
4. #6 OCH4!	Scrap Cut	Reflectors
5. #7 20.802	Not Bolted	Reflectors
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	23,220		
R LOB	21,468		
OCH4! 20.802			

Remarks: Power Center
Travellways
Chargers
Outby Shelter } OK at time of exam.
OCH4! 20.802

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-9 Shift EVE Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2L CC	Part Bolted	Reflectors
2. #6 OCH4	Scrap Cut	Bolted + Reflectors
3. #7 20.800	Not Bolted	Bolted + Reflectors
4. #4-4R	Damaged Bolts	Spotted 8 bolts
5. #5R-0	Wide Entries	Timbered Ribs Down
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	4:30-5pm	0 CH4	11.		
2.			12.		
3. 1-7	6:30-7pm	0	13.		
4.			14.		
5. 1-7	8:30-9pm	0	15.		
6.			16.		
7. 1-7	10:30-11pm	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	4:31pm	0 CH4	6. Lt. Return	10:31pm	0 CH4
2. Rt. Return	4:49pm	0	7. Rt. Return	10:55pm	0
3. Lt. Return	8:34pm	0	8.		
4. Rt. Return	8:57pm	0	9.		
5.			10.		

Number of Bolts Tested Resin-4
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 4 sect. 16 report
4:16 pm.

Bruce Berg Assistant Mine 1122-A Certificate No. [Signature] Mine Foreman-Mine Manager 3900000 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep 17 2009 Section or Area Examined 3-Section
Time of Examination: from 10:30 a.m. or 11:00 a.m. or 11:00 p.m.
Was this report phoned to outside: Yes no
By whom Brandon Bergman Time 11:22 A.M. P.M.
Report received by Jerry Rydberg (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-3-S-7 Ch⁴ 0.0%</u>	<u>none observed</u>	<u>none</u>
2. <u>2L-2</u>	<u>not Bolted</u>	<u>Reflector off</u>
3. <u>3L</u>	<u>Scrap cut</u>	<u>Reflector off</u>
4. <u>4</u>	<u>Needs clean Dusted</u>	<u>Reported</u>
5. <u>6</u>	<u>N. Bolted</u>	<u>Reflector off</u>
6.		
7.		
8. <u>2 intersection</u>	<u>Damaged and missing Bolts</u>	<u>Marked, Reported</u>
9.		
10.		

Air Measurements			
Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>22,915</u>		
<u>Rt LOB</u>	<u>20,306</u>		

Remarks: Ch⁴ 0.0% CO 0.8 0.20.8% at time of exam.
Power center, chargers, travelways, clear at time of exam
Outby Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Brandon Bergman Preshift-Mine Examiner Certificate No. 1122-A
Countersigned Jerry Rydberg Assistant Foreman Certificate No. 1139-A
Carl Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-18-09 20. Section or Area Examined 3 Section
Time of Examination: from 6:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jeremy Burdough Time 6:02 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. Contains 10 rows of handwritten entries such as '#1 entry, Ditch, scarp cut, reflects'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'left h.o.x. cut 23718', 'right h.o.x. cut 18781'.

Remarks: 20.8% O2, 0% ch, 0% CO, Truck, truck dump, power center, scoop chiger clear at time of exam.
Butly dumber 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] 1759A Certificate No.
Assistant Foreman [Signature] 1062-A Certificate No.
Countersigned [Signature] 250000
Mine Manager-Mine Foreman
Assistant Foreman [Signature] 2878
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18 Shift Day Area or Section 3-Section W

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap</u>	<u>Corrected</u>
2. <u>2</u>	<u>N. Bolted</u>	
3. <u>2R</u>	<u>N. Bolted</u>	
4. <u>3</u>	<u>N. Add. Cleaning</u>	
5. <u>4</u>	<u>" " "</u>	
6. <u>5</u>	<u>N/O</u>	
7. <u>6</u>	<u>N/O</u>	
8. <u>7</u>	<u>N/O</u>	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>705-720</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>905-920</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>1105-1120</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>105-125</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt. Ret.</u>	<u>803</u>	<u>0%</u>	6.		
2. <u>" "</u>	<u>1200</u>	<u>0%</u>	7.		
3. <u>Rt. Ret.</u>	<u>815</u>	<u>0%</u>	8.		
4. <u>" "</u>	<u>1213</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested Resin 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) Buddy check SCSR - Went over roof control
Plan Pg # 5 Paragraph (Section) 7 with entire crew.

[Signature] Assistant Mine Foreman
1662A Certificate No.
[Signature] Mine Foreman-Mine Manager
350000 Certificate No.
[Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-18-09 Section or Area Examined #3 section
 Time of Examination: from 230 a.m. or 300 p.m. to 300 a.m. or 300 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Colo Time 303 A.M. P.M.
 Report received by Brash Bour (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2-3-3L-4	None Observed	Reported
2. #5 Entry	Needs Cleaned + Dusted	Reported
3. #5 RCC	Not Bolted	Reflectors
4. #6 OCHY 6	Needs Cleaned + Dusted	Reported
5. #7 20.802	None Observed	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LLDB	23,175		
RLOB	21,220		
O CHY 1			
20.802			

Remarks: Power Center
 Chargers
 Travelways
 Outby Shelter
 OK at time of exam
 OCHY 1. 20.802

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18-9 Shift EVE Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #5-6 Entries	Need Cleaned + Dusted	Cleaned + Dusted
2. #5R c.c. OCH ₄ 20.802	Not Bolted	Bolted + Reflectors
3.		
4. #1-2L Feeder line	Damaged Bolts	Spotted 9 Bolts
5. #2 Heading ✓	Damaged Bolts	Spotted 4 Bolts
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	4:34pm	0 CH ₄ !	6. Lt. Return	10:32pm	0 CH ₄ !
2. Rt. Return	4:55pm	0	7. Rt. Return	10:52pm	0 ✓
3. Lt. Return	8:33pm	0 ✓	8.		
4. Rt. Return	8:57pm	0 ✓	9.		
5.			10.		

Number of Bolts Tested Resin - 4
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 3 Sect B RCP at
4:20pm. Pinch Point Talk

Brad Burg 1122-A Assistant Mine Superintendent or Assistant
Certificate No. _____ Mine Foreman-Mine Manager Certificate No. _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-18-09 20 Section or Area Examined B Section
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Brandon Time 11:00 A.M. 11:00 P.M.
 Report received by Glen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Part Bolted</u>	<u>Reported/Reflected</u>
2. <u>2</u>	<u>n 10</u>	<u>none</u>
3. <u>4</u>	<u>Scrap at</u>	<u>mining</u>
4. <u>5</u>	<u>cleaned & dusted</u>	<u>Reported</u>
5. <u>SR</u>	<u>Part Bolted</u>	<u>Reflected</u>
6. <u>6</u>	<u>n 10</u>	<u>none</u>
7. <u>7</u>	<u>n 10</u>	<u>none</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>23,180</u>	_____	_____
<u>RT</u>	<u>21,446</u>	_____	_____

Remarks:

02664 0260 2018602
PC Chargers Chambers Clear
walkway Rib At Feeder wide Bolts

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

Signed By Brandon Boyer Certificate No. 1122-4 Assistant Foreman
 Countersigned Paula Mine Manager—Mine Foreman Certificate No. 3906001
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10/15/57 Shift 8:30 Area or Section P-1-P

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-19 2009 Section or Area Examined #3 Section
 Time of Examination: from 1:00 a.m. or 3:00 p.m. to 3:00 a.m. or 5:00 p.m.
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Section Idle			
2. No Work			
3. <u> </u>			
4. POWER CENTERS	0%	NONE OBSERVED	NONE
5. CHARGERS	0%	" "	"
6. TRACK	0%	" "	"
7. Pumps	0%	" "	"
8. <u> </u>			
9. <u> </u>			
10. <u> </u>			

Air Measurements

Location CFM Location CFM

Remarks: ~~0%~~ 0% CH₄ 0% CO₂ 20-8% O₂
 shelter - OK

Plm Williams 15807

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

Signed By Charley Taylor 37042 Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager - Mine Foreman 37042
 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 2E Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Take ch4</u>		
2. <u>no work</u>		
3. <u> </u>		
4. <u>Power Centers 0%</u>	<u>none observed</u>	<u>none</u>
5. <u>Chargers 0%</u>	<u>" "</u>	<u>" "</u>
6. <u>Pumps 0%</u>	<u>" "</u>	<u>" "</u>
7. <u>Tracker 0%</u>	<u>" "</u>	<u>" "</u>
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM

Remarks: 02ch4 02CO 20-8-202
SCSR-shelter -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 Alan Williams 153999 Assistant Foreman Certificate No.
 Countersigned Andy East 330627 Mine Manager—Mine Foreman
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-20-09 Section or Area Examined 3 Section
 Time of Examination: from 2:00 am or 2:30 pm to 2:30 am or 2:30 pm
 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
 Violation or Hazardous Condition

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. Section Idle		
2. No Work		
3.		
4. CH ₄		
5. Powercenters 0%	None OBSERVED	None
6. Chargers 0%	" "	"
7. pumps 0%	" "	"
8. TRACK 0%	" "	"
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

Remarks: 0% CH₄, 20.8% O₂, 0 ppm Detected at EXAM time

Outby Shelter - clear 0% CH₄, 20.8% O₂

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

Signed By Scott Halstead Certificate No. 37567 Assistant Foreman
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3506000
[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) _____

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Sep 20 2009 Section or Area Examined 3-Section
 Time of Examination: from 8:30 a.m. or am to 11:00 a.m. or am
 Was this report phoned to outside: Yes no
 By whom Brought out Time AM P.M.
 Report received by Jeremy Burghoff
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-3</u>	<u>CH₂O₈</u> <u>None observed</u>	<u>None</u>
2. <u>4</u>	<u>Scrap cut</u>	<u>Reflector off</u>
3. <u>5-7</u>	<u>None observed</u>	<u>None</u>
4. <u>6</u>	<u>Port Bolted</u>	<u>Reflector off</u>
5.		
6. <u># 5 1/2 brk outby</u>	<u>1 Brake Bolt</u>	<u>Reported, Marked</u>
7. <u># 6 Entry</u>	<u>2 brk outby</u> <u>loader line</u> <u>wide Bolts</u>	<u>Reported, Marked</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LF LOB</u>	<u>24,016</u>		
<u>RF LOB</u>	<u>20,877</u>		

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

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

Signed By Jeremy Burghoff 1755-A Certificate No.
 Preshift Mine Examiner
 Countersigned [Signature] 1769-A Certificate No.
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sep 21 09 Shift owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.		
4.		
5.	#6 entry 2 brk outby feeder 4 wide Belts	Spotted Bolt up
6.	#4 entry left side of feeder wide Belts Set timbers	Set timbers
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. 7	4:59am	0.0%	6.		
2. 1	5:56am	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

0759A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3200000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-21 2009 Section or Area Examined #3 Section
 Time of Examination: from 4:30 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Jeremy Burghoff Time 6:05 A.M. P.M.
 Report received by Barth Perry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2 Entries	None Observed	Reported
2. #3 Face	Two Bolts cut out	Replaced
3. #4 OCHY!	Scrap cut	Replaced
4. #4R 20.80	Three cut out bolts	Replaced
5. #6	Part bolted	Replaced
6. #6	Outby 2 wide bolts	Replaced
7. #5	1 Brk 1 missing bolt	Replaced
8. #7	None observed	Reported
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LLOB	23,710		
RLOB	20,126		
OCHY!			
20.80			

Remarks: Power Center OCHY! CO₂ 0%
 Charger > 20.80
 Trunkways
 Outby shelter OK at time of exam.

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

Signed By Jeremy Burghoff 1054-A Certificate No. 3900000
 Preshift Mine Examiner Assistant Foreman
 Countersigned Barth Perry 1122-A Certificate No.
 Mine Manager—Mine Foreman Assistant Foreman
Barth Perry 28734 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-9 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	# 3-4R	Missing Bolts	Spotted 16 Bolts
2.	# 4 OCHV	scrap cut	Bolted + Reflectors
3.	# 6 20.80a	Part Bolted	Reflectors
4.	# 6 Cutby	Wide Bolts	Spotted 4 Bolts
5.	# 5	1 Cut out Bolt	Spotted 1 Bolt
6.	# 5 Power Center	Wide Entry	Set 5 Timbers
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt. Return	7:05 Am	0 OCHV	6.	Lt. Return	2:31 pm	0 OCHV
2.	Rt. Return	7:28 Am	0	7.	Rt. Return	2:52 pm	0
3.	Lt. Return	11:03 Am	0	8.			
4.	Rt. Return	11:26 Am	0	9.			
5.				10.			

Number of Bolts Tested Resn - 4
Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Ry. 5 sect 17 of RCP at

6:50 Am. SCGR'S OK,
Brub Berg H20A
Assistant Mine

[Signature]
Mine Foreman-Mine Manager

8500000
Certificate No. Superintendent or Assistant

Rich Rich 28734

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-21 2009 Section or Area Examined 3-Section
 Time of Examination: from 230 a.m. or p.m. to 300 a.m. or p.m.
 Was this report phoned to outside: Yes X no
 By whom Brandon Bowling Time 3:10 A.M. P.M.
 Report received by SJ7 (sto) (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>182</u>	<u>CH4 0%</u>	<u>Reported</u>
2. <u>2L</u>	<u>Scrap</u>	<u>Reflectors</u>
3. <u>3</u>	<u>P. Bolted</u>	
4. <u>4</u>	<u>N/C P. Bolted</u>	
5. <u>4R</u>	<u>Scrap</u>	
6. <u>5</u>	<u>N/C</u>	
7. <u>6</u>	<u>P. Bolted</u>	
8. <u>7</u>	<u>N/C</u>	
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Lft. LOB</u>	<u>22,450</u>	<u> </u>	<u> </u>
<u>Rt. LOB</u>	<u>20,080</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<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:

P.C.
Chargers
Travel ways
Outby Chamber
All clear at time of exam.
20.8% O2 & 0ppm CO detected
0% ch4

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

Signed By Brandon Bowling Preshift-Mine Examiner Certificate No. 1122-A
 Countersigned John Cook Mine Manager—Mine Foreman Certificate No. 2700000
Rick Fuchs Assistant Foreman Certificate No. 1662-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21 Shift Evening Area or Section 3-section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	192	N/O	Corrected
2.	2L	Scrap	
3.	3	P. Bolted	
4.	4	nfp - P. Bolted	
5.	4R	Scrap	
6.	5	N/O	
7.	6	P. Bolted	
8.	7	N/O	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L ft. Ret.	806	0%	6.			
2.		1206	0%	7.			
3.	Rt. Ret.	815	0%	8.			
4.		1214	0%	9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) wait over roof C.P. w/entire crew - Pg. #5 Paragraph 3,4,5 - Buddy check scsr

St. 603 Assistant Mine Foreman
662-A Certificate No.
Carl Mine Foreman-Mine Manager
St. 603 Superintendent or Assistant
28732

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sept 21 ⁰⁹ Section or Area Examined 3-Section
 Time of Examination: from 9:30 a.m. or p.m. to 10:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Cole Time 11:27 A.M. PM
 Report received by Jeremy Bugholtz (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-4-5-6 ch⁴008</u>	<u>None observed</u>	<u>None</u>
2. <u>2</u>	<u>Clean and Dusted</u>	<u>Reported</u>
3. <u>3</u>	<u>Needs Dusted</u>	<u>Reported</u>
4. <u>4L</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
5. <u>7</u>	<u>Part Bolted</u>	<u>Reflector off</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L4 COB</u>	<u>23,220</u>		
<u>R+LOB</u>	<u>20,225</u>		

Remarks: ch⁴0.0% CO₂ 0.208% at time of exam

Powercenter, chargers, travelways clear at time of exam

Outby Chamber OK

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

Signed By [Signature] Certificate No. 1162-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 390000
[Signature] Assistant Foreman Certificate No. 2873C
[Signature] Assistant Foreman Certificate No. 11759-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sept 22 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>4:45 AM</u>	<u>0.0 %</u>	6. -----	-----	-----
2. <u>#1</u>	<u>4:15 AM</u>	<u>0.0 %</u>	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. -----	-----	-----	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

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

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

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

[Signature]
Assistant Mine

1753-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-22-09 Section or Area Examined #3 section
Time of Examination: from 4:15 a.m. or p.m. to 5:15 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Jeremy Burghoff Time 6:03 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-7 and actions like 'Scrap Cut', 'Part Bolted', 'Reflectors', 'Needs Cleaned + Dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LLOB (23,840 CFM), RLOB (20,321 CFM), OCH4?, 20.802, 0 PPM CO.

Remarks: Power Center, Chargers, Travelways, Outby shelter. OK at time of exam.

OCH4? 20.802 0 PPM CO 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. 1759A Assistant Foreman [Signature] Certificate No. 1122-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-9 Shift Day Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 Entry	Scrap cut	Bolted + Reflectors
2. # 2-3-6	Part Bolted	Bolted + Reflectors
3. #4L CC	Scrap cut	Bolted + Reflectors
4. #4	Part Bolted	Bolted + Reflectors
5. #5	Needs cleaned + dusted	Cleaned + dusted
6. #7	Needs cleaned + dusted	Cleaned + dusted
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:00-7:30 AM	0	20' 802		
2.					
3. 1-7	9-9:30 AM	0			
4.					
5. 1-7	11-11:30 AM	0			
6.					
7. 1-7	1-1:30 PM	0			
8.					
9. 1-7	2:30 PM	0			
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt. Return	7:06 AM	0	6. Lt. Return	2:34 PM	0
2. Rt. Return	7:27 AM	0	7. Rt. Return	2:58 PM	0
3. Lt. Return	11:03 AM	0	8. O.P.P.M. c/o		
4. Rt. Return	11:25 AM	0	9. 20.802		
5.			10.		

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

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

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

6:48 AM.

Pg. 5 sect 10 repeat

Burd Boy
Assistant Mine

1122-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-22-09 Section or Area Examined 3-section
Time of Examination: from 2:30 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Brandon Bowling Time 3:36 AM
Report received by S. Colo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 - 1	Chy 0%	Reported
2	P. Bolted	Reflected
2	N. B	
3	intersection 3 loose bolts	
4	N/O	
5 - 4	P.B. entry #4 intersection left rib 2 or 3 wide bolts	
6	N/O	
7	N. Add. Cleaning	
8	N/O	
9		
10		

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
Lft LOB	23,670		
Rt. LOB	20,020		
OCHYI	26,802		

Remarks: PC. OCHYI. All clear at time of exam. 20.8% O₂ ppm detected. Intake phone OK. Attire 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] 1122-A Certificate No. [Signature] 1162-A Certificate No.
Countersigned: [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9.22 Shift Evening Area or Section 3-section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1+4</u>	<u>P.B. on left side intersection</u>	<u>Corrected</u>
2. <u>2</u>	<u>N.B. / intersection 3 loose bolts</u>	<u>SS</u>
3. <u>3+5+7</u>	<u>N/O</u>	
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) want over RCP Pg. 5 Paragraph 5th
with entire crew - buddy check S.C.S.R.

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9/22/09 Section or Area Examined 3-Section
 Time of Examination: from 10:30 a.m. or 11:00 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Cole Time 11:23 A.M. P.M.
 Report received by Jeremy Buzdell
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-3-4-7 ch⁴000</u>	<u>none observed</u>	<u>none</u>
2. <u>3L</u>	<u>Not Bolted</u>	<u>Reflector off</u>
3. <u>5</u>	<u>Clean and Dusted</u>	<u>Reported</u>
4. <u>6</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>22275</u>	_____	_____
<u>Rt LOB</u>	<u>29020</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: ch⁴ 0.0% CO 0% O₂ 20.8% at time of exam.
Powercenter, chargers, travelway clear at time of exam
cutby 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 Steve Cole Preshift-Mine Examiner Certificate No. 1662A
 Countersigned Jeremy Buzdell Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1759A
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9/23/09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.		
4.		
5.		
6.		
7.	<u>#5 entry</u>	<u>set 3 timbers. (widened)</u>
8.		<u>Set 3 timbers</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	<u>CH4</u>	<u>0.0%</u>	11.		
2.	<u>CO</u>	<u>0%</u>	12.		
3.	<u>O2</u>	<u>20.8%</u>	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	<u>#7</u>	<u>5:00 AM</u>	6.		
2.	<u>#1</u>	<u>5:46</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature] Assistant Mine Foreman
1759-A Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] Certificate No.
[Signature] Superintendent of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-23-09 20 Section or Area Examined 3 section
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jeremy Bunday Time 6:03 (A.M) P.M.
 Report received by Mark Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry #6, O'ch ₄	scrap cut	reflecta
2. #2, & #3, entry O'ch ₄	needs cleaned & dusted	reported
3. #4, #5, & #6 Right, O'ch ₄	wide entry "21 to 22"	damaged off
4. #7. entry O'ch ₄	2 damaged, lotta 1x cut out	reflecta
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
left 1 O.X. cut	22,760		
right 1 O.X. cut	20,015		
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: 20.8% O₂, 0% ch₄, 0% CO. track, trackways, power center, scoop charges clear at time of exam
Rescue 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 Jeremy Bunday 1739-A Certificate No. 3700
 Preshift-Mine Examiner Assistant Foreman

Countersigned Jim W. [Signature] 1659-A
 Mine Manager - Mine Foreman Superintendent or Assistant

1122-A Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-23-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include #1 Entry (Scrap cut), #2-3 (Needs cleaned + dusted), #4-5-6 (Wide Entries), #7 (Two damaged bolts out), #2 Heading (Damaged bolts), #4 (Wide bolts L/Rib).

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries for location 1-7 at various times (7-7:30am, 9-9:30am, 11-11:30am, 1-1:30pm, 2:30-3pm) with methane content 'O' and 'CH4! 20.8'.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries for Lt. Return and Rt. Return at various times (7:10am, 7:23am, 11:04am, 11:26am, 2:32pm, 2:49pm) with methane content 'O' and 'CH4!'.

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken. Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 4 sect. 21 RCP at 6:45 AM.

Assistant Mine (Signature) Certificate No. 1122-A Mine Foreman-Mine Manager (Signature) Certificate No. 5806 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-23-09 Section or Area Examined 3-Section

Time of Examination: from 2:00 p.m. to 2:33 p.m.

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

By whom B. Bowling Report received by Scott Holstead (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
#1 Entry	NONE OBSERVED	None
#2	Damaged Bolts Near Crosscut	Reported
#2 Left	Part Bolted	Reflectors
#3 Entry	Scrap Cut	Reflectors
#4 Entry	Not Bolted	Reflectors
#4 Entry outby 5, 6, & 7	Some Damaged Bolts N/O	

Location	CFM	Location	CFM
L LOB	25,240		
R LOB	20,180		

Remarks: PC, Chargers, Travel Ways, Outby Chamber. All clear @ time of exam. 20.8% O₂ & 0ppm CO detected. Intake phone OK at time of insp.

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: Branch Boy (Preshift-Mine Examiner), Certificate No. 1122-A

Countersigned: Scott Holstead (Assistant Foreman), Certificate No. 1662A

Assistant Foreman: [Signature], Certificate No. 31567

Superintendent or Assistant: [Signature], Certificate No. 1659-D

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28 Shift Evening Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1, 5, 6 + 7	N/O	None
2. 2	Damaged Bolts Near Crosscut	spot bolted Damaged bolts
3. 2 L	P. Bolted	Bolted BB BB
4. #3	Scrap Cut	Corrected
5. 4	N. Bolted	Bolted and checked Corrected
6. 4 on Hwy "spotted 4 bolts"	Some Damaged Bolts	spot bolted BB Corrected
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over R.C.P. w/antine crew

Page 6 of Paragraph #3

buddy checked SCSR

[Signature]
Assistant Mine Foreman
TW BB

[Signature]
Assistant Mine Foreman
TW BB

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9/23 2009 Section or Area Examined 3-Section
Time of Examination: from 9:30 a.m. or 9:30 p.m. to 1:00 a.m. or 1:00 p.m.
Was this report phoned to outside: Yes no
By whom Steve Eolo Time 10:57 A.M. (M)
Report received by Jeremy Bushfield
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-4-5-7</u>	<u>CH⁴ 0.0%</u> none observed	<u>none</u>
2. <u>2</u>	<u>none observed/damaged Bolt</u> ^{near} <u>cross</u>	<u>none/Tagged</u>
3. <u>2L-3</u>	<u>Needs cleaned and Dusted</u>	<u>Reported</u>
4. <u>6</u>	<u>not Bolted</u>	<u>Reflector off</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>22,440</u>		
<u>R LOB</u>	<u>20,110</u>		

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1662-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3706000
[Signature] Assistant Foreman Certificate No. 1789-A

Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date Sep 24, 09 Shift owl Area or Section 3-Seeflow

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#7</u>	<u>5:00am</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>#1</u>	<u>6:57</u>	<u>0.0%</u>	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. -----	-----	-----	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

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

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

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

[Signature] Assistant Mine Foreman
1759-A Certificate No.
 Mine Foreman-Mine Manager
 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-24 2009 Section or Area Examined #3 Section
 Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes
 By whom SECRETARY Time 605 A.M. P.M.
 Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 <u>0% Ch4</u>	<u>NONE</u>	<u>NONE</u>
#2 <u>#26</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
#3 <u>#3</u>	<u>Needs added cleaning</u>	<u>Reported</u>
#4 <u>#5</u>	<u>NONE</u>	<u>NONE</u>
#4R	<u>3 damaged bolts</u>	<u>Reported and Marked</u>
#4L	<u>2 damaged bolts</u>	<u>Reported and Marked</u>
#4 in by corner	<u>Needs corner bolt</u>	<u>Reported and Marked</u>
#6 entry #	<u>Scrap cut</u>	<u>Reflector off</u>

Air Measurements

Location	CFM	Location	CFM
<u>LT COB</u>	<u>24088</u>		
<u>RT COB</u>	<u>21314</u>		
<u>0.0% Ch4</u>			
<u>20.8% O2</u>			
<u>0.9% CO</u>			

Remarks: Power centers, chargers, track & travel way clean at time of exam
out by chamber on

0% Ch4 20.8% O2 0% CO

Preshift Mine Examiner = James English 1189-A

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

Signed By Tim Williams Certificate No. 1659-A
 Countersigned Chuck Coats Mine Manager - Mine Foreman Certificate No. 3506000
Brach Boyer Assistant Foreman Certificate No. 1122-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29 Shift Day Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 #4 #5 20.8% O ₂	none observed	Reported
2.	#2 #26 0% CH ₄	needs cleaned & dusted	cleaned & dusted
3.	#3 0% CO	needs additional cleaning	cleaned & dusted
4.	#4R	3 damaged bolts	spot bolted 6 bolts
5.	#4L	2 damaged bolts	spot bolted
6.	#4 in by corner	needs corner bolt	Bolted
7.	#6	scrap cut	bolted & cleaned
8.	#7	none observed	Reported

Examinations for Methane in Working Places

Location	Time	Methane Content	% CO	Location	Time	Methane Content
1. 1-7	7:00 - 7:30 AM	0% CH ₄	20.8% O ₂	11.		
2.				12.		
3. 1-7	9:00 - 9:24 AM			13.		
4.				14.		
5. 1-7	11:00 - 11:30 AM			15.		
6.				16.		
7. 1-7	1:00 PM - 1:30 PM			17.		
8.				18.		
9. 1-7	2:10 - 2:50 PM			19.		
10.				20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	% CO	Location	Time	Methane Content
1. Lt. Return	7:05 AM	0% CH ₄	20.8 O ₂	6. Lt. Return	2:06 PM	0% CH ₄
2. Rt. Return	7:25 AM	0%		7. Rt. Return	2:34 PM	0% CH ₄
3. Lt. Return	11:06 AM	0%		8.		
4. Rt. Return	11:28 AM	0%		9.		
5.				10.		

Number of Bolts Tested Resin - 8
 Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 5 sec 16 ROP 6:48 AM

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

Use Indelible Pencil or Ink

PRESHIFT MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24-09 Section or Area Examined UB 3-3

Time of Examination: from 8:20 a.m. or p.m. to 2:50 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom B. and J. [Signature] Time 2:55 A.M. P.M.

Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CH4 0%</u>	<u>None observed</u>
2. <u>2H</u>	<u>cut by Intersections & Drifts</u>	<u>[Signature]</u>
3. <u>2ZL</u>	<u>used Cleared</u>	
4. <u>4</u>	<u>1 Row of HT's short</u>	
5. <u>4R</u>	<u>Scrap</u>	
6. <u>5, 6, 7</u>	<u>None observed</u>	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L-LOB</u>	<u>21,348</u>		
<u>R-LOB</u>	<u>20,280</u>		

Remarks: Chambers OK - CO-0%, O2-20.8%, Power centers
Changers, Travelways haulage ways 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. 1659-A

Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 370000

[Signature] Assistant Foreman Certificate No. 37222

[Signature] Superintendent or Assistant Certificate No. 1122-A