

5725-10-16
See

Started
9-8-09

Z Section

PRESHIFT - ONSHIFT and DAILY REPORT

Full

Company UBB

Mine Performance coal

SECTION # 2

LOCATION Naoma Ralich WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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

FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-9-09 Shift 3ND Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>ZVL</u> <u>3</u>	<u>Scrap</u> <u>Part B.H.D</u>	<u>Replaced</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	<u>NO</u>	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine Certificate No. 32254
 _____ 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 9-9- 2009 Section or Area Examined #2
Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Gammel Time 545 (A.M.) P.M.
Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0.0% ch ₄	none observed	Ref
2.	2-	n/ add cleaning	Referred
3.	2h	Post Bolted-	tagged Reflectors
4.	3-	scrap cut	tagged Reflectors
5.	3h	Need cleaned & dusted	Ref
6.	4- ✓	none observed	Ref
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	18,500		

Remarks: Power Center - Chargers - travel ways - haulage ways -
Intake Phone & A.V Chamber, all clear time of PXAM
20.802
0.0% ch₄.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kenny Gammel Preshift-Mine Examiner Certificate No. 32294
Countersigned Jackman Mine Manager - Mine Foreman Assistant Foreman Certificate No. 32793
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 9-9-09 Shift PAY Area or Section A2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	None obs.	None
2. 2-	n/add cleaning	cleaned + dusted
3. 2L	P/Bolted	Bolted up
4. 3-	SCRIP CUT	CUT & Bolted
5. 3L	need cleaned + dusted	cleaned + dusted
6. 4-	None observed	None
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RETURN	655A	0%	6.		
2.			7.		
3. RETURN	1055A	0%	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 16 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went out RCP Pg 6
#28-29 - w/clew at start of shift

Jack Mason Assistant Mine Certificate No. 3793 Calvin Mine Foreman-Mine Manager Certificate No. 3244 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-9-09 Section or Area Examined
Time of Examination: from 100 a.m. or 6 p.m. to 145 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Carried out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1, 2, and 3.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB with CFM 24,215.

Remarks: Power Center - Chafers - (and) ways - haulageways
Intake phone all clear time
A.Y Chamber - of exam
10.8 02
0.0% ch4

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

Signed By Jack Mann 37793 Certificate No.
Assistant Foreman Certificate No.
Countersigned Rick Hultschers 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:23pm</u>	<u>0 % CH₄</u>	6. _____	_____	_____
2. <u>Return</u>	<u>7:58pm</u>	<u>0 % CH₄</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 7 # 30 4:40pm R.C.P.
Section Safe & Clear at Time of Exam
Rick Hutchins 37569 Assistant Mine Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] 326000 Superintendent or Assistant Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 7-9 Section or Area Examined 12
 Time of Examination: from 10:10 a.m. or 11:15 p.m. to 11:15 a.m. or 11:15 p.m.
 Was this report phoned to outside: Yes no
 By whom Ray L Time 11:15 A.M. 11:15 P.M.
 Report received by Ray L (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Violation or Hazardous Condition	Action Taken
1	<u>CFM</u>	<u>np</u>	<u>Ret. Hutchins</u>
2	<u>?</u>	<u>Scrap</u>	<u>—</u>
3	<u>?</u>	<u>np</u>	<u>—</u>
4	<u>?</u>	<u>np</u>	<u>—</u>
5			
6			
7			
8			
9			
10			

Location	Air Measurements	Location	CFM
<u>LOB</u>	<u>24,810</u>		

Remarks: Travellways & haulways clean at time of exam
Power Cables - np CO 02
Air Chamber - ok O₂ 20.8%
rotary blowers - ok

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 7-10-09 Shift 3rd Area or Section +2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
<u>2</u>	<u>scrap</u>	<u>R. J. [Signature]</u>
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.		

no

[Signature]

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine
32284 Certificate No. [Signature] Mine Foreman-Mine Manager
3911000 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 9-10-09 Section or Area Examined #2
Time of Examination: from 330 a.m. or p.m. to 430 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Formas Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB- with CFM 14,400.

Remarks: Power center Chargers - travelways - haulage ways
Intake Phone > all clear time
A.V. Chamber of exam
20.802
0.00% 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: [Signature] Preshift-Mine Examiner Certificate No. 30084
Assistant Foreman [Signature] Certificate No. 37793
Countersigned: [Signature] Mine Manager - Mine Foreman
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 9-10-09 Shift PAY Area or Section A2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>700-715A</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-4</u>	<u>900-915A</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-4</u>	<u>1100-1115A</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-4</u>	<u>100-145Pm</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP pg 5-21-22-23 w/crew at start of shift

Jack Martin Assistant Mine Certificate No. 37793
Bob Cook Mine Foreman-Mine Manager Certificate No. 390000
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-10 2009 Section or Area Examined # 2

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

Was this report phoned to outside: Yes no

By whom CARRY OUT Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4 with violations like SCRAP, N/C, P/B, N/C/O and actions like Tagged Reported, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB with CFM 19,805 and 0% CH4 20.802.

Remarks: powercenter, Chaugra R-ways, Haulage Clean Intake phone OK Air Chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report. Signed By Jack Martin 37793 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No. Countersigned Rick Antikova 37569 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 9-10-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include 'Scrap Cut', 'N/C', 'P/B', and '#1 Entry put Cable Bolts in Intersection STAR pattern'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content as 0% CH4 at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane content as 0% CH4 in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #28 4:45pm RCP

Section Safe & Clear at Time of Exam

Signature lines for Assistant Mine, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-10 Section or Area Examined r 2
 Time of Examination: from 11:15 a.m. or 11:10 a.m. to 12:00 a.m. or 12:00 p.m.
 Was this report phoned to mine Yes no
 By whom [Signature] Time 11:15 A.M. PM
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	<u>CH</u>	<u>Re-Measured</u>
2	<u>Part</u>	<u>---</u>
3	<u>etc</u>	<u>---</u>
4	<u>etc</u>	<u>---</u>
5	<u>etc</u>	<u>---</u>
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOS</u>	<u>20,180</u>		

Remarks:

Trucks & haulways clear of time
of exam
Rem. Cuts - OK
See Chamber - OK
Wetake Pblm - 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] 37569 Certificate No.
 Countersigned [Signature] 380000 Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-11-08 Shift 3rd Area or Section +2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>rust & oil</u>	<u>Lat Madril</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

30294
Certificate No.

[Signature]
Mine Foreman-Mine Manager

380000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-11-59 Section or Area Examined # 2
Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keegan Farmer Time 5:45 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4 with violations like 'NOT Bolted' and 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with CFM value '15.360'.

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

This is to certify that: (a) This section of the mine was properly examined by me (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 37294
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 37793
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-11-09 Shift DAY Area or Section A2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>NOT Bolted</u>	<u>Bolted up</u>
2. <u>2-3-3R-4-</u>	<u>None observed</u>	<u>NONE</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4-</u>	<u>705-720A</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-4-</u>	<u>905-920A</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-4-</u>	<u>1105-1120A</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-4-</u>	<u>100-145PM</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) what over RCP Pg 5, 25, 26, 27 w/crew at start of shift

Jack Mason Assistant Mine Certificate No. 37293
Chad [Signature] Mine Foreman-Mine Manager Certificate No. 38000
Superintendent or Assistant

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 A2
 Time of Examination: from 08 a.m. or 0 p.m. to 145 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Coffey Time A.M. P.M.
 Report received by Coffey
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>142-</u>	<u>None observed</u>	<u>Ref</u>
2. <u>34-</u>	<u>Part Bolted</u>	<u>Tagged Reflectors</u>
3. <u>3-</u>	<u>Needs add cleaning-</u>	<u>Reflected</u>
4. <u>4-</u>	<u>Scrap cut</u>	<u>Tagged</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB-</u>	<u>19.891</u>		

Remarks: Power center - chargers - haulage ways
INTSK e Phans OK all clear
A.V Chamber OK time of EXAM
20.802
0.0% Chg

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

Signed By Jack Marsa 37793 Certificate No.
 Preshift-Mine Examiner
 Countersigned Rick Hutchins 37569 Certificate No.
 Mine Manager—Mine Foreman
Rick Hutchins 37569
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-11-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3L</u>	<u>0% CH₄</u> <u>PAWT Bolt</u>	<u>Corrected</u>
2. <u>3</u>	<u>N / Add / Cleaning</u>	<u>Corrected</u>
3. <u>4</u>	<u>SCRAP CUT</u>	<u>Corrected</u>
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:20</u>	<u>0 % CH₄</u>	11.		
2. <u>1-4</u>	<u>7:00-7:25</u>	<u>0 %</u>	12.		
3. <u>1-4</u>	<u>9:00-9:17</u>	<u>0 %</u>	13.		
4. <u>1-4</u>	<u>10:00-10:30</u>	<u>0 % CH₄</u>	14.		
5.			15.		
6.			16.		
7. <u>0% CH₄</u>			17.		
8. <u>20.802</u>			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:01 pm</u>	<u>0 % CH₄</u>	6.		
2. <u>Return</u>	<u>7:26 pm</u>	<u>0 % CH₄</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) PAGE 7 #29 4:40pm RCP
Section Safe & Clean at time of Exam
Rick Hutchins 37569 Assistant Mine 38000 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 9-11-69 Section or Area Examined #2
 Time of Examination: from 12:16 a.m. or 10:20 a.m. or 4:00 p.m.
 Was this report phoned to outside: Yes no
 By whom [Signature] Time 11:08 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>1</u>	<u>CHJ</u>	
<u>2</u>	<u>outby road down</u>	<u>By order</u>
<u>3</u>	<u>up</u>	
<u>4</u>	<u>scrap</u>	<u>By order</u>
<u>5</u>		
<u>6</u>		
<u>7</u>		
<u>8</u>		
<u>9</u>		
<u>10</u>		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,180</u>		

Remarks: Trussways of haulways clean at
turn of road
Room C-1 - up O₂ 20.8%
air, 100% CO 0%
2000 ft

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

Signed By Rick Hutchins 37569 Certificate No. [Signature] Assistant Foreman 30094 Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>27</u>	<u>oathy roads closed</u>	<u>Reported</u>
2. <u>4</u>	<u>scrap</u>	<u>R.H. Hush</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

NO
Production

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

32094
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33000
Certificate No.

Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-26-68 Section or Area Examined #2
Time of Examination from 3:30 or p.m. to 4:30 or p.m.
Was this report shown to outside: Yes No
By whom [Signature] Time 5:45 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	1-2-3 - 0.0% ch ₄ none observed	None taken
2.	4 - 0.0% ch ₄ scoop cut	Tagged
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB -	16,000		

Remarks: Panel central - chdgers - travel ways - haulageways
Air Chamber > OK all clear
Intake phone > OK time of
20.802 P.M.
0.0% ch₄

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

Signed By [Signature] 32284 Jack Marshall 37793
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager-- Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12-09 Shift DAY Area or Section A2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1-2-3-</u>	<u>None observed</u>	<u>None</u>
2.	<u>4-</u>	<u>SCRAP CUT</u>	<u>CUT + Bolted</u>
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4-</u>	<u>700-715A</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-4-</u>	<u>900-915A</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-4-</u>	<u>1100-1115A</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-4-</u>	<u>100-145P</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 6 #31432
w/ view at start of shift

Jack Mason Assistant Mine Certificate No. 32293
[Signature] Mine Foreman-Mine Manager Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-12 2009 Section or Area Examined #2
Time of Examination: from 100 a.m. to 145 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom CHERRY OUT Time A.M. P.M.
Report received by
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH4</u>	<u>Reported</u>
2. <u>2</u>	<u>N/O</u>	<u>Reported</u>
3. <u>3</u>	<u>P/B</u>	<u>Tagged + Reported</u>
4. <u>4</u>	<u>N / Add / CLEANING</u>	<u>Reported</u>
5. <u> </u>	<u>SCRAP</u>	<u>Tagged + Reported</u>
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,380</u>		

Remarks: power Center, R-ways, Haulage, Chargers Clean
Section Safe + Clear at Time of EXAM

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

Signed By Jack Matus 37793
Preshift-Mine Examiner Certificate No.
Countersigned Rich Hutchins 37569
Mine Manager - Mine Foreman
Rich Hutchins 37569
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2</u>	<u>0%CH4</u> <u>P/B</u>	<u>Corrected</u>
3. <u>3</u>	<u>N/ADD/CLEANING</u>	<u>Corrected</u>
4. <u>4</u>	<u>Scrap Cut</u>	<u>Corrected</u>
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:20</u>	<u>0 %CH4</u>	11.		
2. <u>1-4</u>	<u>7:00-7:23</u>	<u>0 %</u>	12.		
3. <u>1-4</u>	<u>9:00-9:19</u>	<u>0 %</u>	13.		
4. <u>1-4</u>	<u>11:00-11:25</u>	<u>0 %CH4</u>	14.		
5.			15.		
6. <u>0%CH4</u>			16.		
7. <u>20.80%</u>			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:23 pm</u>	<u>0 %CH4</u>	6.		
2. <u>Return</u>	<u>9:21 pm</u>	<u>0 %CH4</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 7#30 4:40 pm RCP
Section Safe & Clear at Time of Exam

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-13 2009 Section or Area Examined 2 Section
 Time of Examination: from a.m. or p.m. to a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom Time A.M. P.M.
 Report received by
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>Idle - No Work</u>		

Location	Air Measurements CFM	Location	CFM

Remarks: Power Center - charges 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 Micho Bailey 27085
 Preshift-Mine Examiner Certificate No.
 Countersigned [Signature]
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9.13 09 Section or Area Examined 2 Section
Time of Examination: from 12:30 a.m. or 7:00 p.m. to 7:00 a.m. or 7:00 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>Idle</u>	<u>No Work</u>	

Air Measurements

Location	CFM	Location	CFM

Remarks: 070564 07. CO & 20.87% O2
Power Center & track clear at time of exam

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

Signed By Johann Buddend Certificate No. 2817 Assistant Foreman
Countersigned Chas. Cook Mine Manager—Mine Foreman Certificate No. _____
Assistant Foreman _____
Superintendent or Assistant _____

Use Indefilble
Pencil or Ink

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

Report shall be
signed when made

Date _____ 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) _____

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 9-13-69 Section or Area Examined 12
Time of Examination: from 8:15 a.m. to 11:00 a.m.
Was this report phoned to outside: Yes no
By whom Mike Bailey Time A.M. 11:00 P.M.
Report received by (Signed)

Table with 4 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Contains handwritten entries for locations 1-4 and 'section' with descriptions of road conditions and actions taken.

Table for Air Measurements with columns for Location and CFM. Contains handwritten entry for 'LOS' with a CFM value of 25,731.

Remarks: Showways & haulways clean at base of rock
Pump Clean - n/o
Air chamber - OK
water pump - OK
cleaning of track - n/o

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Mike Bailey Preshift Mine Examiner Certificate No. 27085
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 37284
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 9-14-09 Shift 3rd Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	2	not pulled	Reported
2.	3	roads closed	Reported
3.	4	"	"
4.	5th Ave	old chipping	"
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

NO
ProQuest

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

30084
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-14- 09 Section or Area Examined #2
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Palmer Time 5:35 A.M. P.M.
 Report received by Jack Marsden (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>None observed</u>	<u>Ref</u>
<u>2-</u>	<u>Scrap cut</u>	<u>Tagged</u>
<u>3+4-</u>	<u>needs cleaned & dusted</u>	<u>Ref</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB-</u>	<u>19.200</u>		

Remarks: Power center - chargers - haulage ways travel ways -
Intake Phone - all clear time
Air Chamber - of exam.
O2 20.8%
CO 0%

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

Signed By Kenny Palmer Preshift-Mine Examiner Certificate No. 5079
 Countersigned Jack Marsden Mine Manager - Mine Foreman Assistant Foreman Certificate No. 37793
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-14-09

Shift _____ Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1-	None observed	None
2. 2-	scrap out	Cvt + Bolted
3. 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. 1-4-	7:00-7:15A	0%	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. 1-4-	9:00-9:15A	0%	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. 1-4-	11:00-11:15A	0%	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. 1-4-	1:00-1:45Pm	0%	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return-	6:55 Am	0%	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. Return-	10:55 Am	0%	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 4) 1-2-3
w/clew at start of sh. 4+

J. J. [Signature]
Assistant Mine

37793
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-14 Section or Area Examined 209 #2
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no
 By whom CARRY OUT Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH₄</u>	<u>Tags Reported</u>
2. <u>2</u>	<u>Scrap Cut</u>	<u>Reported</u>
3. <u>3</u>	<u>N/C/D</u>	<u>Reported</u>
4. <u>3R</u>	<u>Add. Cleaning</u>	<u>Reported</u>
5. <u>4</u>	<u>NOT Bolted</u>	<u>Tags & Reported</u>
6.	<u>NONE</u>	<u>Reported</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,185</u>		
<u>20,802</u>			
<u>0% CH₄</u>			

Remarks: powercenter, R-ways, HAULAGE, TRAVELWAYS Clear
Section Safe & Clean at Time of Exam
Intake phone OK
Air Chamber OK

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

Signed By Jack Martin Certificate No. 37793
 Preshift Mine Examiner Assistant Foreman Certificate No.
 Countersigned [Signature] Certificate No. 37000
 Mine Manager—Mine Foreman
Rich Hutchins Certificate No. 37569
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-14-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>0% CH₄</u>	<u>Scrap Cut</u>
2.	<u>2</u>	<u>N/C/D</u>	<u>Corrected</u>
3.	<u>3</u>	<u>Add. Cleaning</u>	<u>Corrected</u>
4.	<u>3R</u>	<u>NOT Botted</u>	<u>Corrected</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>5:00-5:20</u>	<u>0% CH₄</u>	11.			
2.	<u>1-4</u>	<u>7:00-7:23</u>	<u>0%</u>	12.			
3.	<u>1-4</u>	<u>9:00-9:20</u>	<u>0%</u>	13.			
4.	<u>1-4</u>	<u>11:00-11:25</u>	<u>0% CH₄</u>	14.			
5.				15.			
6.	<u>0% CH₄</u>			16.			
7.	<u>20.802</u>			17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Returns</u>	<u>5:22</u>	<u>0% CH₄</u>	6.			
2.	<u>Returns</u>	<u>9:21</u>	<u>0% CH₄</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) PAGE 4 #1 4:45pm RCP

Sectionary Safe + Clear at Time of EXAM

Rick Hutchins 37569 Assistant 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 9-14 2009 Section or Area Examined #2
 Time of Examination: from 10:15 a.m. or 10:00 p.m. to 11:00 a.m. or 11:00 p.m.
 Was this report phoned to outside? Yes no
 By whom [Signature] Time 11:00 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>off</u>	<u>Part of [unclear]</u>	<u>[Signature]</u>
2 <u>off</u>	<u>[unclear]</u>	<u>[Signature]</u>
3 <u>off</u>	<u>Scrap</u>	<u>[Signature]</u>
4 <u>off</u>	<u>Waste</u>	<u>[Signature]</u>
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOS</u>	<u>20123</u>		

Remarks: handways & footways clean at time of exam
Lower Curb - OK
over [unclear] - OK
waste [unclear] - OK

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

Signed By Rick Hutchens 37569 [Signature] 32284
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 3306028
 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 9-10-09 Shift 3rd Area or Section + 2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Paint Bldg</u>	<u>Reported</u>
2. <u>3rd</u>	<u>trap</u>	<u>Reported</u>
3. <u>4</u>	<u>noise / sp</u>	<u>Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

RL Assistant Mine
7204 Certificate No.
Calcutt Mine Foreman-Mine Manager
39000000 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-15-09 20 Section or Area Examined VBB-2
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 Kenneth Ferguson Time 530 A.M. P.M.
Report received by (Signature)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 2, 3, 4 with violations like 'none observed', 'Part Bolted', 'Need Check Dusts'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: LOB, 17400.

Remarks: power center / charger, Standby haulageways clean at top of stan

CO2 0.6 Charger OK
O2 20.8% intake phone - OK
C

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. 7084
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman 5222
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-15-09 Shift Day Area or 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 1-4.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-4.

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 12 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) with crew at 645 AM

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 9-15-09 20. Section or Area Examined UBB-2
 Time of Examination: from 1:30 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time AM P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Ch 4-0%</u>	<u>none observed</u>
2. <u>2L</u>	<u>scrap</u>	<u>Ref hung</u>
3. <u>3</u>	<u>need cleaned</u>	
4. <u>4</u>	<u>need cleaned</u>	
5.	<u>Ref</u>	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,130</u>		

Remarks: power centers, chargers, transwaps, haulage ways
clear at time of exam.

CO-0% Chamber OK
O₂-20-8%

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 Gary My Preshift-Mine Examiner Certificate No. 37222
 Countersigned Rock Hutchins Mine Manager—Mine Foreman Certificate No. 3706002
Rock Hutchins Assistant Foreman Certificate No. 37569
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-15-09 Shift EVE Area or Section # 2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:20</u>	<u>0 %CH4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>7:00-7:23</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>9:00-9:25</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>11:00-11:20</u>	<u>0 %CH4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>0 %CH4</u>	_____	_____	17. _____	_____	_____
8. <u>20.80%</u>	_____	_____	18. _____	_____	_____
9. <u>0 %C°</u>	_____	_____	19. _____	_____	_____
10. <u>Check Intake phone (OK)</u>	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:57pm</u>	<u>0 %CH4</u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:59pm</u>	<u>0 %CH4</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) PAGE 5 #10 4:45pm R.C.P.

Section Safe + Clear at Time of EXAM

Rick Hutchens 37569 Assistant Mine Certificate No. _____ _____ Mine Foreman-Mine Manager Certificate No. 3906000 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-15-09 Section or Area Examined #2
 Time of Examination: from 10:15 a.m. to 10:45 a.m. of 09
 Was this report phoned to outside: Yes no
 By whom Reck Time 11:10 P.M.
 Report received by Key (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>1</u>	<u>CHH</u>	<u>no</u>
2. <u>2XC</u>	<u>Scrap</u>	<u>removed</u>
3. <u>3</u>	<u>Part of CHH</u>	<u>"</u>
4. <u>4</u>	<u>no</u>	<u>—</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>LOS</u>	<u>19740</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Travelways & haulways clean at time of exam
Ben Cook - no CO 0%
Air chamber - OK O2 20.8%
rotator 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 Reck Hutchins 37569 Freshift-Mine Examiner Certificate No. 3906001
 Countersigned Key Assistant Foreman Certificate No. 70294
 _____ 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 9-16-09 Shift 2ND Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2XC</u>	<u>scrap</u>	<u>R. H. Jones</u>
2. <u>3</u>	<u>Part BLD</u>	<u>BLD</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

32284
Certificate No.

[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 9-16- 2009 Section or Area Examined #2
 Time of Examination: from 330 a.m. or p.m. to 430 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Farmer Time 545 (A.M.) P.M.
 Report received by Jackman (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1- <u>CH</u>	<u>None observed</u>	<u>Rel</u>
2- <u>2h</u>	<u>SCRAP CUT</u>	<u>TAGGED</u>
3- <u>2-</u>	<u>Need add. cleaning</u>	<u>Reported</u>
4- <u>3-</u>	<u>Need cleaned + dusted</u>	<u>Reported</u>
5- <u>4-</u>	<u>None observed</u>	
6-		
7-		
8-		
9-		
10-		

Location	CFM	Location	CFM
<u>LOB-</u>	<u>20.400</u>		

Remarks: Power Center - Chargers - haulage ways
Intake Phone OK all clear
Air Chamber Time of Exam
O2 20.8%
CO 0.2

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

Signed By Kenny Farmer Preshift-Mine Examiner
 Certificate No. 330422
 Countersigned Jackman Mine Manager—Mine Foreman
 Assistant Foreman
 Certificate No. 32793
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-16-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1-	None observed	None
2.	2h.	Scrap cut	cut + Bolted
3.	2-	Need add cleaning	Cleaned & dusted
4.	3	Need cleaned & dusted	Dusted
5.	4-	None obs-	None
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4-	700-715A	0%	11.			
2.				12.			
3.	1-4-	900-915A	0%	13.			
4.				14.			
5.	1-4-	1100-1115A	0%	15.			
6.				16.			
7.	1-4-	100-145PM	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18 0 Below Range 0

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

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

Went over ROP Pg 5
21422 - w/crew at start of shift

Jackman
Assistant Mine

32293
Certificate No.

Carl Cook
Mine Foreman-Mine Manager

322026
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-16 2009 Section or Area Examined #2
Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Carry out Time A.M. P.M.
Report received by Carry out
(Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>1</u>	<u>20ch4</u> <u>Scrap Cut</u>	<u>Tagged & Reported</u>
2. <u>2</u>	<u>N/C/D</u>	<u>Reported</u>
3. <u>3</u>	<u>N/ Add / Cleaning</u>	<u>Reported</u>
4. <u>3R</u>	<u>N/C/D</u>	<u>Reported</u>
5. <u>4</u>	<u>Scrap Cut</u>	<u>Tagged & Reported</u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,295</u>	<u> </u>	<u> </u>
<u>0% ch4</u>	<u> </u>	<u> </u>	<u> </u>
<u>20.8°</u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jack Martin 37723 Preshift-Mine Examiner Certificate No.
Countersigned Carroll 39000 Mine Manager - Mine Foreman
Rick Hutchins 37569 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-16-09 Shift EVC Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>0% ch4</u> <u>Scrap Cut</u>	<u>Taged + Reported</u>
2. <u>2</u>	<u>N/C/D</u>	<u>Reported</u>
3. <u>3</u>	<u>N/Add / Cleaning</u>	<u>Reported</u>
4. <u>3R</u>	<u>N/C/D</u>	<u>Reported</u>
5. <u>4</u>	<u>Scrap Cut</u>	<u>Taged + Reported</u>
6. _____	_____	_____
7. <u>Did Not Run</u>	<u>NO COAL</u>	<u>Reported</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:20</u>	<u>0 % ch4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>7:00-7:25</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>9:00-9:23</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>11:00-11:20</u>	<u>0 % ch4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. <u>0% ch4</u>	_____	_____	16. _____	_____	_____
7. <u>20.802</u>	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:23pm</u>	<u>0 % ch4</u>	6. _____	_____	_____
2. <u>Return</u>	<u>9:24pm</u>	<u>0 % ch4</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page # 9 3:45pm RCP

Section Safe + Clear at Time of Exam
Rock Hutchins 37569 Assistant Mine Certificate No.
_____ 3:45pm 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 9-16 Section or Area Examined A2
 Time of Examination: from 10:15 a.m. or 10:45 a.m. or 11:05 p.m.
 Was this report phoned to outside? Yes no
 By whom [Signature] Time 11:05 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Chap 86</u>	<u>Scrap</u>	<u>Reflected</u>
2. <u>2</u>	<u>hands cleaned</u>	<u>Reflected</u>
3. <u>3X2</u>	<u>all clearing</u>	<u>u</u>
4. <u>3</u>	<u>u</u>	<u>u</u>
5. <u>4</u>	<u>NOT Reflected</u>	<u>Reflected</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LoB</u>	<u>19,360</u>		

Remarks: Travelways & haulways clear of timber
OK EXAM CO 0.8
Pump Room - OK O2 20.8%
Air Shaft - OK
Intake House - OK

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

Signed By Rick Hutchens 37569 Preshift-Mine Examiner Certificate No.
 Countersigned [Signature] 3500000 Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 32294
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-09 Shift 3rd Area or Section 2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Scrap	Re Muted
2.	2	Hands cleaned	Reported
3.	3K	All cleaning	corrected
4.	3		
5.	4	NOT SILE	Re Muted
6.			
7.			
8.			

Examinations for Methane in Working Places

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

no
Pro. Jue. Jan

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine 30294 Certificate No. *[Signature]* Mine Foreman-Mine Manager 30294 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 9-17-2009 Section or Area Examined #2
Time of Examination: from 3:30 a.m. or p.m. to 7:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Farmer Time 540 (A.M.) P.M.
Report received by Jack Moran (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	CHY SOB Scrap cut	Tagged
2	add cleaning	Reported
3	None observed	Reported
4	PART Bolted	Tagged
5		
6		
7		
8		
9		
10		

Air Measurements

Location

CFM

Location

CFM

LOB

17,800

Remarks: Power center chargers - haulage ways travel ways
Intake phase cleared
A.I. Chamber all cleared time
CO O2 at exam
O2 20.8%

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

Signed By Kenny Farmer Preshift-Mine Examiner Certificate No. 30054
Countersigned Jack Moran Assistant Foreman Certificate No. 37293
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>scrap cut</u>	<u>cut & Bolted</u>
2. <u>2-</u>	<u>add cleaning</u>	<u>Cleaned & dusted</u>
3. <u>3+3R-</u>	<u>None observed</u>	<u>None</u>
4. <u>4-</u>	<u>left Bolted</u>	<u>Bolted up</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>700-715A</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-4</u>	<u>900-915A</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-4</u>	<u>1100-1115A</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-4</u>	<u>100-145pm</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>655A</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1055 AM</u>	<u>0%</u>	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) went over RCP 5-21-22-23
with few out start of shift

Jack Martin Assistant Mine 32723 Certificate No. _____ Mine Foreman-Mine Manager 390000 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-17 2009 Section or Area Examined #2
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no ---
 By whom CARRY OUT Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,618</u>	_____	_____
<u>0% CH₄</u>	_____	_____	_____
<u>20.8°</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: powercenter, R-ways, Chargers, Haulage Clean
Intake phone OK
Air Chamber OK

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

Signed By Jack Mann 37773 Assistant Foreman Certificate No.
 Countersigned Paul Cook 35000 Mine Manager-Mine Foreman
Rick Hutchins 37569 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-09 Shift Eve Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:20</u>	<u>0 %CH₄</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>7:03-7:23</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>9:00-9:17</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>11:00-11:19</u>	<u>0 %CH₄</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. <u>0%CH₄</u>	_____	_____	16. _____	_____	_____
7. <u>20.80²</u>	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:23</u>	<u>0 %CH₄</u>	6. _____	_____	_____
2. <u>Return</u>	<u>9:19</u>	<u>0 %CH₄</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10 Above Range Below Range

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

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

page 5, #5 4:45pm R.C.P.
Section Safe + Clear at Time of EXAM

Rick Hutchens 37569
Assistant Mine Certificate No.

Cal Cal
Mine Foreman-Mine Manager

380600
Superintendent or Assistant Certificate No.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-17-69 Section or Area Examined #2
 Time of Examination: from 11:00 a.m. or 11:20 p.m. to 11:40 a.m. or 11:20 p.m.
 Was this report phoned to outside: yes no
 By whom Rich Time 11:20 A.M. P.M.
 Report received by Rich (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>CH4</u>	<u>1/2</u>	<u>Ret Hatched</u>
2. <u>2</u>	<u>Scrap</u>	
3. <u>3</u>	<u>1/2</u>	<u>Reported</u>
4. <u>3 1/2</u>	<u>Part R 110</u>	<u>Ret Hatched</u>
5. <u>4</u>		
6.		
7.		
8.		
9.		
10.		

Location	Air Measurements	Location	CFM
<u>LOS</u>	<u>20,380</u>		

Remarks: haulways & railways clear at time
of exam
Rem Cash - OK CO 0.2
rotaka pbar - OK O2 20.8%
non-haban - 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 Rich Hutchens 37569 Certificate No. 3004
 Countersigned Rich Mine Manager - Mine Foreman Assistant Foreman
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18-09 Shift ONS Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for location 2 and 4.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten 'NO' and a signature.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content.

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

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

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

Signatures and names: Assistant Mine, Certificate No. 32234, Mine Foreman-Mine Manager, Certificate No. 390128, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-18- 2009 Section or Area Examined #2
 Time of Examination: from 330 a.m. or p.m. to 430 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Palmer Time 540 A.M. P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1- 0.0% ch ₄	None	Rep
2-	Scrap cut	Tagged
3 & 4.	None observed	Rep
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB-	14,800		
Scrubber Reading			
Lt Cm 6500			
Rt Cm 6300			

Remarks: found extra chargers haulageways
Intake phone ok all clear time
Air chamber of exam
20.8 oz
0.0% ch₄

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32254
 Countersigned Jack Martin Mine Manager—Mine Foreman Assistant Foreman Certificate No. 37793
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18-09 Shift DAY Area or Section A2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>700-715A</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-4-</u>	<u>900-915A</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-4-</u>	<u>1100-1115A</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-4-</u>	<u>1005-1020Pm</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over R.C.P. Pg 4-7+8
w/clew at start of shift

Jack Mason
Assistant Mine

37793
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3300000
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 2009 Section or Area Examined #2
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no ✓
 By whom CARRY OUT Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Action Taken

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>0% ch4</u>	<u>NOT Bolted</u>	<u>Taged + Reported</u>
2.		<u>NONE</u>	<u>Reported</u>
3.	<u>3L</u>	<u>P/B</u>	<u>Reported</u>
4.	<u>3</u>	<u>NONE</u>	<u>Reported</u>
5.	<u>4</u>	<u>SCRAP CUT</u>	<u>Taged + Reported</u>
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,610</u>		
<u>0% ch4</u>			
<u>20.8°2</u>			

Remarks: powercenter, R-ways, HAULAGE, Chargers Clear

INTAKE phone OK

Air Chamber OK

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

Signed By Jack Martin 37793 Assistant Foreman Certificate No. _____
 Countersigned Richard Hutchins Mine Manager - Mine Foreman
Richard Hutchins 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18-09 Shift Eve Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>0%CH4 NOT Bolted</u>	<u>Corrected</u>
2. <u>3L</u>	<u>0%CH4 P/B</u>	<u>Corrected</u>
3. <u>4</u>	<u>0%CH4 Scrap Cut</u>	<u>Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>5:00-5:23</u>	<u>0 %CH4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>7:00-7:20</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>9:00-9:25</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>11:00-11:24</u>	<u>0 %CH4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. <u>0%CH4</u>	_____	_____	16. _____	_____	_____
7. <u>20.80%</u>	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:24pm</u>	<u>0 %CH4</u>	16. _____	_____	_____
2. <u>Return</u>	<u>9:27pm</u>	<u>0 %CH4</u>	17. _____	_____	_____
3. _____	_____	_____	18. _____	_____	_____
4. _____	_____	_____	19. _____	_____	_____
5. _____	_____	_____	20. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #22+23 4:45pm RCP
Section Safe & Clean at time of EXAM

Rick Hutchins 37569 Assistant Mine Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] 370000 Superintendent or Assistant Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-18 Section or Area Examined EVC
 Time of Examination: from 10:45 a.m. or p.m. to 11:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom CARRY OUT Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20.180 CFM</u>		

20.802
0% ch4

Remarks: powercenter, R-ways, Chargers, HAULAGE Clear
INTAKE phone OK
AIR Chamber OK

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

Signed By Richard Hutchins 37569 Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman 390000
Rick Hutchins Assistant Foreman 37569 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 9-21-69 Section or Area Examined 2
 Time of Examination: from 3:02 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>None observed</u>	<u>Reported</u>
2. <u>2 Left</u>	<u>part bolted</u>	<u>Tagged / Reported</u>
3. <u>3</u>	<u>Wheels cleaned / dusted</u>	<u>Reported</u>
4. <u>4</u>	<u>SCRAP cut</u>	<u>Tagged / Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LWB</u>	<u>26210 CFM</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: power centers: chargers, tracks, travelways clean all time
Intake phone OK 0% CH₄ - 0% CO 20.8% O₂
Air chamber OK

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

Signed By George Curry Preshift-Mine Examiner Certificate No. 27429
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. _____
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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 9-19 2009 Section or Area Examined 2 Section
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. _____		
3. <u>Power Centers</u>		
4. <u>Charger</u>	<u>None Observed</u>	<u>Rep</u>
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,220</u>		

Remarks: Truck Tranchmays OK
0% CH4 0 CO 20.8% O2
Chamber - OK

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

Signed By Mike Bailey Certificate No. 27085 Assistant Foreman _____ Certificate No. _____
Countersigned Robert Cook Mine Manager—Mine Foreman _____
Assistant Foreman _____
Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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 9.19.09 Section or Area Examined 2. Section
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom G. Curry Time 11:10 A.M.
 Report received by J. A. Beckford (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Location	CFM	Air Measurements	Location	CFM
<u>LOB</u>		<u>26 p20</u>		

Remarks: 07. ch₄, 07. CO₂ & 20.8% O₂ detected at time of exam
Track, Power Centers & chargers clear at time of exam
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 George Curry Preshift-Mine Examiner Certificate No. 27429
 Countersigned John A. Beckford Mine Manager—Mine Foreman Assistant Foreman Certificate No. 26176
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-20 Section or Area Examined 2 seton
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

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

Action Taken

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,240</u>		

Remarks:

0% CH₄ - 0% CO₂ - 20.8% O₂
Tracks, travelways, pcs, chargers clear at time of exam
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 George Curry 2719 Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager - Mine Foreman 350000
 _____ 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 9-20 2009 Section or Area Examined 2 Section
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no Time A.M. P.M.
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. The Preshift - The Parmer - Dangers led Mouth of Section		
2. -----	-----	-----
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: -----

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

Signed By Mike Bailey Preshift-Mine Examiner Certificate No. 27085 Assistant Foreman Certificate No. 382000
Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 2069 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 9-20 Section or Area Examined FZ
 Time of Examination: from 8:15 a.m. or p.m. to 8:45 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom [Signature] Time 11:10 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>CHD</u>	<u>roads c/s</u>	<u>Reported</u>
2 <u>ORC</u>	<u>np</u>	
3 <u>3RL</u>	<u>not bolted</u>	<u>Re-Made</u>
4 <u>3</u>	<u>roads c/s</u>	<u>Reported</u>
5 <u>4</u>	<u>scraps</u>	<u>Re-Made</u>
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOS</u>	<u>17,260</u>		

Remarks: passways & haulways clean at time
of exam CO 0.7
Powr Contn - ap O₂ 20.8%
Acc chhubs - OK
antoka p-hub - 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. 29611
 Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman Certificate No. 70894
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-09 Shift 3rd Area or Section E2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>7</u>	<u>MMMS c/p</u>	<u>corrected</u>
2. <u>3XC</u>	<u>NO?</u>	<u>Reported</u>
3. <u>5</u>	<u>MMMS (circled) (circled)</u>	<u>Corrected</u>
4. <u>4</u>	<u>scrap</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

30289
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-21- 2009 Section or Area Examined #2
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Farnel Time 5:40 A.M. P.M.
 Report received by Jack Mason (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0.0% ch₄ None observed</u>	<u>Reported</u>
2. <u>2L</u>	<u>Post Bolted</u>	<u>Tagged</u>
3. <u>2-</u>	<u>None observed</u>	<u>Rep</u>
4. <u>3-</u>	<u>W/ add-cleaning</u>	<u>Reported</u>
5. <u>4-</u>	<u>Scrap cut (Rock down)</u>	<u>Tagged Reflectors</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17,640</u>		

Remarks: Travel ways - haulage ways -
Intake have yok all clear
Air chamber fine of pyon
20.802
0.0% ch₄

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

Signed By Jack Mason Preshift-Mine Examiner Certificate No. 37793
 Countersigned Jack Mason Mine Manager - Mine Foreman Assistant Foreman Certificate No. 37793
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>None observed</u>	<u>None</u>
2. <u>2L-</u>	<u>Palt Bolted</u>	<u>Bolted up</u>
3. <u>2-</u>	<u>None observed</u>	<u>None</u>
4. <u>3-</u>	<u>Need add cleaning</u>	<u>Cleaned</u>
5. <u>4-</u>	<u>Set cut rock down</u>	<u>Tagged Reflectors</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>700-715A</u>	<u>0%</u>	11. _____	_____	_____
2. <u>1-4-</u>	<u>900-915A</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>1100-1115A</u>	<u>0%</u>	13. _____	_____	_____
4. <u>1-4-</u>	<u>100-145 Pm</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP 4-9-10-11
w/crew at start of shift

Jack M... Assistant Mine 37293 Certificate No. [Signature] Mine Foreman-Mine Manager 3211101 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 9-21 2009 Section or Area Examined #2
Time of Examination: from 1:15 a.m. or p.m. to 1:50 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom CARRY OUT Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 LT out-by Rm 0% ch4</u>	<u>P/B</u>	<u>Taged & Reported</u>
2. <u>1 LT Inby Rm 0% ch4</u>	<u>Scrap Cut</u>	<u>Taged & Reported</u>
3. <u>1 0% ch4</u>	<u>N/O</u>	<u>Reported</u>
4. <u>2 0% ch4</u>	<u>N/B</u>	<u>Taged & Reported</u>
5. <u>3 0% ch4</u>	<u>N/O</u>	<u>Reported</u>
6. <u>4 0% ch4</u>	<u>Scrap Cut</u>	<u>Taged & Reported</u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,615</u>	<u> </u>	<u> </u>
<u>0% ch4</u>	<u> </u>	<u> </u>	<u> </u>
<u>20.8°</u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: powercenter, R-ways, Haulage, Charges Clear
Intake phase OK
Air Chamber OK

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

Signed By Jack Manno 37793
Preshift-Mine Examiner Certificate No.
Countersigned 37569
Mine Manager—Mine Foreman Certificate No.
Reck Hutchins 37569
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 entries regarding methane levels and scrap cuts.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 entries of methane readings at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 entries of methane readings in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 8 part D 4:45pm RCP Section Safe & Clear at Time of Exam Rick Hutchens 37569 Assistant Mine Certificate No. [Signature] 3xxxxx Superintendent or Assistant Certificate No.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-21 Section or Area Examined 09 #2
 Time of Examination: from 10:00 a.m. or 10:00 a.m. to 11:00 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Time 11:00 A.M. (P.M.)
 Report received by Rick (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Low Room</u>	<u>CHG</u> <u>SCRAP</u>	<u>Re-Measured</u>
2. <u>Upper Room</u>	<u>CHG</u> <u>CP</u>	<u>Re-Measured</u>
3. <u>#2</u>	<u>Paint</u> <u>JKD</u>	<u>Re-Measured</u>
4. <u>3</u>	<u>Rock</u> <u>on floor</u>	<u>Re-Measured</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,560</u>		

Remarks: troughways of haulways clean at time
of exam
Ben Crute - of CO 0.9
Ben Chamber - of O₂ 20.8%
rotake Pflum - OK

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

Signed By Rick Hutchens 37569 Certificate No. 3900000
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-09 Shift 3rd Area or Section EC

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Lower Room #1	scrap	R.H. Ford
2. upper #1	roads of	R.H. Ford
3. #2	part R.H. Ford	R.H. Ford
4. 4	scrap	R.H. Ford
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

no

prod. in air

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine
30284 Certificate No.
[Signature] Mine Foreman-Mine Manager
3300000 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 9-22- 2009 Section or Area Examined #2
Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenny Farmer Time 5:30 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>IL Room out by 0.0% ch4</u>	<u>SCOR cut</u>	<u>Tagged</u>
2. <u>IL Room in by 0.6% ch4</u>	<u>Need add. cleaning</u>	<u>Reported</u>
3. <u>2-F</u>	<u>Rolt Bolted -</u>	<u>Tagged</u>
4. <u>3</u>	<u>None observed</u>	<u>Reported</u>
5. <u>4</u>	<u>SCOR cut (Rockdown)</u>	<u>Tagged</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB-</u>	<u>18,640</u>		

20.802
0.0% ch4

Remarks: 4 level ways - haulage ways - Power center
Intake phone Lok all clear time
Air Chamber OK - of exam.

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

Signed By Jack Martin Preshift-Mine Examiner Certificate No. 30294
Countersigned Jack Martin Mine Manager—Mine Foreman Assistant Foreman Certificate No. 37793

Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-09 Shift PAY Area or Section 2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. inby outby Room #1L	Scrap cut	Cut + Bolted
2. inby Room #1L	Need add cleaning	Cleaned + dusted
3. 2	Part Bolted	Bolted up - cleaned & dusted
4. 3	None observed	None
5. 4	Scrap cut (Rock down)	O-T Agged - Reported
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	700-720A	0%	11.		
2.			12.		
3. 1-4	900-920A	0%	13.		
4.			14.		
5. 1-4	1100-1120A	0%	15.		
6.			16.		
7. 1-4	100-150pm	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	655 AM	0%	6.		
2.			7.		
3. Return	1055 AM	0%	8.		
4.			9.		
5.			10.		

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

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

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

went over RCP Pg 4 #4 + 5
w/clear at start of shift

Jack M...
Assistant Mine

37793
Certificate No.

[Signature]
Mine Foreman - Mine Manager

3706001
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-22-2009 Section or Area Examined #2
Time of Examination from 100 a.m. or p.m. to 150 a.m. or p.m.
Was this report phoned to outside: Yes carried out no
By whom Jack Marra Time A.M. 320 P.M.
Report received by Jack Marra (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken	
1.	#1 - #2	0.0% ch4	None observed	Rebated
2.	#3	0.0% ch4	None observed	Rebated
3.	#4	0.0% ch4	Scrap cut	D-tagged (Reflectors) hung
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB.	68,491		

Remarks: Power Center - travel ways - haulage ways -
INTSKA Phone ok all clear time
A.N Chamber ok of EXAM
20.802
0.0% ch4

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

Signed By Jack Marra 37793 Certificate No.
Countersigned Rick Hutchins 3506000 Assistant Foreman Certificate No.
Rick Hutchins 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-09 Shift EVC Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>5:00-5:20</u>	<u>0 % CH4</u>	11.			
2.	<u>1-4</u>	<u>7:00-7:30</u>	<u>0 %</u>	12.			
3.	<u>1-4</u>	<u>9:00-9:25</u>	<u>0 %</u>	13.			
4.	<u>1-4</u>	<u>11:00-11:20</u>	<u>0 % CH4</u>	14.			
5.				15.			
6.	<u>0% CH4</u>			16.			
7.	<u>20.8°2</u>			17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>5:23pm</u>	<u>0 % CH4</u>	6.			
2.	<u>Return</u>	<u>8:58pm</u>	<u>0 % CH4</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #21 4:45pm RCP

Section Safe & Clear at Time of Exam
Rich Hutchins 37569 Assistant Mine Certificate No. Carl Cook 3706004 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 7-22-68 Section or Area Examined F2
 Time of Examination: from 5:15 a.m. to 10:45 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no Time 11:00 A.M. (P.M.)
 By whom Rueck
 Report received by Ray (Signed)

Violations and other Hazardous Conditions Observed and Reported

Action Taken

Location	Violation or Hazardous Condition	Action Taken
0	scrap	R.H. Hutchens
1	not	R.H. Hutchens
2	scrap	—
3	scrap	—
4	scrap	R.H. Hutchens
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	19,480		

Remarks: Trackways of haulways clear at time of
EX. 8.0%
Pen. Cr. - n/p
any chamber - OR
entake Pen. - OR
CO 8.2%
O2 20.8%

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 Rueck Hutchens Certificate No. 37569
 Pre-shift-Mine Examiner
 Countersigned Ray Mine Foreman
 Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant
 Certificate No. 32254

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-23-09 Shift 340 Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>scrap</u>	<u>R. H. [Signature]</u>
2. <u>1</u>	<u>NOT BELTED</u>	<u>Bolted</u>
3. <u>4</u>	<u>scrap</u>	<u>R. H. [Signature]</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	<u>NO</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine
32294 Certificate No.
[Signature] Mine Foreman-Mine Manager
390000 Certificate No.
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-23- 2009 Section or Area Examined #2
 Time of Examination: from 7:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Gerry Palmer Time 5:35 A.M. P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#0	0.0% ch ₄ Scrap cut	P-TAGGED
#1 #2 #3	0.0% ch ₄ None observed	Report
#4	0.0% ch ₄ Scrap cut	P-TAGGED

Air Measurements

Location	CFM	Location	CFM
LOB	18,260		

Remarks: Power center - travel ways - haulage ways -
 Intake Phone - ok
 Air chamber - ok all cleat time of
 exam
 20.802
 0.0% ch₄

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32294
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 37293
[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 9-23-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #0	SCRAP CUT	CUT & Bolted
2. #1-#2-#3-	None observed	None
3. 4-	SCRAP CUT	TAGGED - Reported
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-4	705-725A	0%	11.		
2. 0-4	905-925A	0%	12.		
3. 0-4	1105-1125A	0%	13.		
4. 0-4	1105-1125A	0%	14.		
5. 0-4	1105-1125A	0%	15.		
6. 0-4	100-145pm	0%	16.		
7. 0-4	100-145pm	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return-	700Am	0%	6.		
2.			7.		
3. Return-	1100Am	0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went out RCP Pg 5-16-17-18
w/ crew at start of shift

Jackman
Assistant Mine

37792
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-23- Section or Area Examined #2
 Time of Examination: from 100 a.m. or 145 p.m. to 145 a.m. or 207 p.m.
 Was this report phoned to outside: Yes no Time 305 P.M.
 By whom Carlson
 Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1	0.0% ch ₄ None observed	None
#2	0.0% ch ₄ Scrap cut	Tagged
3	0.0% ch ₄ None observed	Ref
4	0.0% ch ₄ Scrap cut	Tagged (Reflectors)
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	17,690		

Remarks: low center - travel ways - haulage ways
 Intake Phone ok
 A.V Chamber. ok
 20.802
 0.0% ch₄

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

Signed By Jack Martin 37793 Assistant Foreman Certificate No.
 Countersigned Rich Hartman 37569 Mine Manager - Mine Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-23-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>5:00-5:23</u>	<u>0% CH4</u>				
2.	<u>1-4</u>	<u>7:00-7:25</u>	<u>0%</u>	<u>12.</u>			
3.	<u>1-4</u>	<u>9:00-9:25</u>	<u>0%</u>	<u>13.</u>			
4.	<u>1-4</u>	<u>11:00-11:20</u>	<u>0% CH4</u>	<u>14.</u>			
5.				<u>15.</u>			
6.	<u>0% CH4</u>			<u>16.</u>			
7.	<u>20.80%</u>			<u>17.</u>			
8.				<u>18.</u>			
9.				<u>19.</u>			
10.				<u>20.</u>			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>5:24pm</u>	<u>0% CH4</u>	<u>6.</u>			
2.	<u>Return</u>	<u>9:28pm</u>	<u>0% CH4</u>	<u>7.</u>			
3.				<u>8.</u>			
4.				<u>9.</u>			
5.				<u>10.</u>			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5, 19 4:45pm RCP

Section Safe & Clear at Time of Exam
Rick Hutchins 37569 Assistant Mine Certificate No. Calvin Mine Foreman-Mine Manager Certificate No. 2920000 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-23 Section or Area Examined #2
 Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no Time 11:10 P.M.
 By whom [Signature]
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
0	CH	Rechecked
1	St	—
2	Rest	—
3	mp	—
4	mp	—
5	mp	—
6	scrap	Rechecked
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	19,640		

Remarks: workings of haulways clear at time of exam
Power Cords - mp
Per Oklahoma - mp
rotake stone - ok
CO 0%
O₂ 20.8%

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 Reck Hutchens 37569 Certificate No.
 Preshift-Mine Examiner
 Countersigned [Signature] 3901223
 Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-24-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Bad Bolt</u>	<u>Let Mac Ford</u>
2. <u>4</u>	<u>scrap</u>	<u>R. Macdonald</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine 302284 Certificate No. [Signature] Mine Foreman-Mine Manager 79000 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24 2009 Section or Area Examined #2
 Time of Examination: from 3:30 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kerry Kajmer Time 5:30 A.M. P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Action Taken

Location	Violation or Hazardous Condition	Action Taken
#0 -	0.0% ch ₄ scrap cut	Tagged R.
#1-2-3-	0.0% ch ₄ None observed	None
4-	0.0% ch ₄ scrap cut	Tagged

Air Measurements

Location	CFM	Location	CFM
LOB	13,760		

Remarks: Power cutler - travel ways - haulage ways.
 Intake phone ok - all clear
 Air chamber ok - time of exam
 20.802
 0.0% ch₄

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32254
 Countersigned Jack Martin Mine Manager—Mine Foreman Assistant Foreman Certificate No. 37793
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-24-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for scrap cut and bolted actions.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for methane tests at various times, all showing 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for methane tests in return aircourses, all showing 0%.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over RCP Pg 4 #748 w/crew at start of shift - checked SCSR's (OK)

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24-09 20. Section or Area Examined UAB-2
 Time of Examination: from 1:45 a.m. or 2:30 a.m. or 3:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Jack Martin Time 3:00 A.M. 3:00 P.M.
 Report received by [Signature] (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>0</u>	<u>CH4 0%</u> <u>Not Bolted</u>	<u>[Signature]</u>
2. <u>1, 2, 3</u>	<u>None observed</u>	
3.		
4. <u>4</u>	<u>scrap</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Location	CFM	Location	CFM
<u>LOB</u>	<u>20.108</u>		

Remarks: out by chamber - OK
CO 0% O2 20.9%
powercutters, chargers, travelwag, haulage
clean at the repair

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

Signed By Jack Martin Freshift-Mine Examiner Certificate No. 37793
 Countersigned [Signature] Mine Manager—Mine Foreman
Rick Hutchens Assistant Foreman Certificate No. 37569
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-24-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Entry's Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>0 %CH₄</u>	<u>NOT Bolted</u>
2. <u>4</u>	<u>0 %CH₄</u>	<u>Scrap</u>
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>6:15-6:35</u>	<u>0 %CH₄</u>			
2. <u>1-4</u>	<u>8:10-8:36</u>	<u>0 %</u>			
3. <u>1-4</u>	<u>10:00-10:25</u>	<u>0 %</u>			
4. <u>1-4</u>	<u>12:00-12:30</u>	<u>0 %CH₄</u>			
5. <u>1-4</u>	<u>2:00-2:20</u>	<u>0 %CH₄</u>			
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:36pm</u>	<u>0 %CH₄</u>			
2. <u>Return</u>	<u>10:27pm</u>	<u>0 %CH₄</u>			
3. <u>Return</u>	<u>2:21am</u>				
4.					
5.					

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mines) page 4 #6 + 7 6:00pm R.C.P.

Section Safe & Clear at Time of EXAM.
Rick Hutchins 37569 Assistant Mine Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] Superintendent or Assistant Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-24 Section or Area Examined #2
 Time of Examination: from 10:00 a.m. or 0:00 p.m. to 0:00 a.m. or 0:00 p.m.
 Was this report phoned to outside: yes no
 By whom [Signature] Time 11:00 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>OVR</u>	<u>scuff</u>	<u>R.H. Hutchins</u>
2. <u>1</u>	<u>no</u>	<u>---</u>
3. <u>2</u>	<u>no</u>	<u>---</u>
4. <u>3</u>	<u>no</u>	<u>---</u>
5. <u>4</u>	<u>Part of 10</u>	<u>R.H. Hutchins</u>
6. <u>---</u>	<u>---</u>	<u>---</u>
7. <u>---</u>	<u>---</u>	<u>---</u>
8. <u>---</u>	<u>---</u>	<u>---</u>
9. <u>---</u>	<u>---</u>	<u>---</u>
10. <u>---</u>	<u>---</u>	<u>---</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,130</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<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: Trackways of haulways clean at base
of EX-20
Ben Cook - OK
Ben Hutchins - OK
Ben Alden - OK

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination: 9-25 2009 Section or Area Examined: #2
 Time of Examination: from 3:30 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom: CHERRY OUT Time 530 A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Action Taken

Location

Violation or Hazardous Condition

#	Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.	0 Face	0% CH ₄ Scrap Cut	Tagged & Reported
2.	ORT	0% N/C/O	Reported
3.	1, 2, 3	0% N/O	Reported
4.	4	0% CH ₄ N/C/O	Reported
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	18,110		
0% CH ₄			
20.802			

Remarks: Powercenter, Feeder, R-ways, Haulage Clear
 Intake phone OK
 Air Chamber OK

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

Signed By: Rick Hutchens, Preshift-Mine Examiner, Certificate No. 37569
 Countersigned: Jack [Signature], Mine Manager—Mine Foreman, Certificate No. 37793
 Assistant Foreman [Signature], Certificate No. 32234
 Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-25-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#0 Face	Scrap cut	Cut + Bolted
2.	#0 RT	N/C/D	Dusted
3.	1-2-3	None observed	Reported None
4.	4-	Need cleaned + dusted	Cleaned + dusted
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-4	700-720AM	0%	11.			
2.				12.			
3.	0-4	900-920A	0%	13.			
4.				14.			
5.	0-4	1100-1120A	0%	15.			
6.				16.			
7.	0-4	100 120PM	0%	17.			
8.	0-4	130-215PM	0%	18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	655AM	0%	6.			
2.				7.			
3.	Return	1055AM	0%	8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 5-31 + 32
w/clean at start of shift

Jack [Signature] Assistant Mine 32773 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-25-09 20. Section or Area Examined 70 Section
 Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Issam May Time 3:05 P.M.
 Report received by Rick Foster
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0. entry, Oshkosh</u>	<u>part bolted</u>	<u>reflector</u>
2. <u>#1. entry, Oshkosh</u>	<u>scrap out</u>	<u>reflector</u>
3. <u>#2. entry, Oshkosh</u>	<u>none observed</u>	<u>none</u>
4. <u>#3. entry, Oshkosh</u>	<u>none observed</u>	<u>none</u>
5. <u>#4. entry, Oshkosh</u>	<u>none observed</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L.O.X. cut</u>	<u>16,281</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, 0% CH₄, 0% CO, track, travelways,
power center, scrap chaper, clear at time of exam

Rescue shelter clear at time of exam
Intake phone ok Jack Morris

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

Signed By Jack Morris 3793 Assistant Foreman Certificate No.
 Countersigned Rick Foster 3700000 Mine Manager—Mine Foreman
Rick Hutchins 28736 Superintendent or Assistant
Rick Hutchins 37569

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-25-09 Shift EVE Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 0 entry	0 % ch4 part Bolted	Corrected
2. 1 entry	0 % ch4 Scrap Cut	Reported
3.		
4.		
5.		
6.	Section Idle	
7.	NO PRODUCTION	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-4	5:15-6:30	0 % ch4	11.		
2. 0-4	7:00-7:20	0 %	12.		
3. 0-4	9:00-9:23	0 %	13.		
4. 0-4	11:00-11:25	0 % ch4	14.		
5.			15.		
6.	0% ch4		16.		
7.	20.802		17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:31pm	0 % ch4	6.		
2. Return	9:24pm	0 % ch4	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #8+9 4:50pm RCP

Section Safe & Clean at Time of Exam Rick Hutchens 37569 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] 871111 Superintendent or Assistant Certificate No.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-25 Section or Area Examined 20-09
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes No
By whom [Signature] Time A.M. P.M.
Report received by [Signature] (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Location	Air Measurements	CFM	Location	CFM
LOB				

Remarks: [Handwritten notes]

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. [Number]
Countersigned [Signature] Mine Manager—Mine Foreman
Assistant Foreman [Signature] Certificate No. [Number]
Superintendent or Assistant [Signature]