Longwall Construction
Preshift - Onshift
and
Daily Report
Started 12-9-09
Full

Company Performance Coal

Mine 138 B

SECTION Longwall Construction

LOCATION Naomi Raleigh WV

Finished 12-30-09

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.
**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**

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<tr>
<th>Location</th>
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**Examinations for Methane in Working Places**

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**Examinations for Methane in Return Aircourses**

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**Number of Bolts Tested**

**Number of Bolts Torqued Above Range**

Below Range

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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**

Date of Examination: **12-9**  
Time of Examination: from **5** p.m. or p.m. to **6** p.m. or p.m.  
By whom:  
Report received by:  

<table>
<thead>
<tr>
<th>Location</th>
<th>Cft%</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>1. Res. Entries</td>
<td>0%</td>
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<td>2. Gear room</td>
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**Air Measurements**

- **Location**: Good Air Movement
- **CFM**:  
  - Location:  
  - CFM:  

Remarks: **Track Traveling OK**  
**0% Cft, 20.0°F, 0°C, 0 CO**

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  
**Counter signed**: Kirk Jones  
**Assistant Foreman**:  
**Certificate No.**:  
**Certificate No.**:  

**Superintendent or Assistant**:  
**Signed**: [Signature] 2/6/16
### Daily and ONSHIFT Report

**MINE FOREMAN OR ASSISTANT**

Report shall be signed when made

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#### Examinations for Methane in Working Places

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#### Examinations for Methane in Return Aircourses

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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**

**Date of Examination:** 12-9

**Section or Area Examined:** Longwall Construction

**Time of Examination:** From 2:00 a.m. to 3:00 a.m.

**Report shall be signed when made**

**By whom:** John Rowland

**Report received by:** Scott Beltved

**Time:** A.M. 2:50 P.M.

---

**Violations and other Hazardous Conditions Observed and Reported**

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<th>Location</th>
<th>Violation or Hazardous Condition</th>
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<tr>
<td>Power Centers</td>
<td>0%</td>
<td>NONE</td>
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<tr>
<td>D-Boxes</td>
<td>0%</td>
<td>NONE</td>
</tr>
<tr>
<td>Chargers</td>
<td>0%</td>
<td>NONE</td>
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<tr>
<td>Work Area</td>
<td>0%</td>
<td>NONE</td>
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</table>

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**Air Measurements**

*Good Air Movement*

---

**Remarks:**

- 0% CH4
- 0% CO
- 20.87% O2
- Track & Travelways OK at TOE

---

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

**Signed By:** John Rowland

**Countersigned By:**

**Assistant Foreman:**

**Certificate No.:**

**assistant Foreman:**

**Superintendent or Assistant:**
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

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Number of Bolts Tested
Number of Bolts Torqued Above Range
Number of Bolts Torqued 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.
Supervisor or Assistant
**PRESHIFT-MINE EXAMINER'S REPORT**

**Date of Examination:** 10-9 | **Section or Area Examined:** Longwall, Contactor

**Time of Examination:** From 8:30 a.m. or p.m. to 10:00 a.m. or 6:00 p.m.

Was this report phoned to outside: **No**

By whom: **Dought Out** | Time: A.M. — P.M.

**Report received by:**

(Signed)

---

### Violations and other Hazardous Conditions Observed and Reported

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<tr>
<td>1. Power centers OZ</td>
<td>None observed</td>
<td>None</td>
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<tr>
<td>2. D-box OZ</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>3. Chargers OZ</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>4. Work Area OZ</td>
<td>None observed</td>
<td>None</td>
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### Air Measurements

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<th>CFM</th>
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<td>Good Air</td>
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**Remarks:**

OzChy OZ CO 20.8802

Track, Travelways, 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:** 

**Countersigned:**

**Certificate No.:** 15398

Assistant Foreman

Certificate No.: 260411

Assistant Foreman

Superintendent or Assistant
**Daily and Onshift Report**

**Mine Foreman or Assistant**

**Use Indelible Pencil or Ink**

**Date**

**Shift**

**Area or Section**

**Violations and Other Hazardous Conditions Observed and Reported**

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**Number of Bolts Tested**

**Number of Bolts Torqued Above Range**

**Below Range**

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

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

__________________________________________

Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant
Date of Examination 12-10-09

Time of Examination: from 6:30 A.M. or p.m. to 9:30 A.M. or p.m.

Was this report phoned to outside: Yes no

By whom

Report received by

(Signed)

Violations and other Hazardous Conditions Observed and Reported

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<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>Work Area</td>
<td>Mine Order</td>
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Air Measurements

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<tr>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Good Air</td>
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</table>

Remarks: Oxygen appears to be in danger 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

Countersigned

Assistant Foreman

Mine Manager-Mine Foreman

Supervisor or Assistant
DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made.

Date ____________ Shift ____________ Area or Section ____________

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
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Examinations for Methane in Working Places

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<tr>
<th>Location</th>
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Examinations for Methane in Return Aircourses

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<th>Location</th>
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Number of Bolts Tested: ____________
Number of Bolts Torqued Above Range: ____________ Below Range: ____________

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

Remarks (Statement as to General Conditions of Mine or Area of Mine): ____________
**PRESHIFT-MINE EXAMINER’S REPORT**

Date of Examination: 12/10/99  
Time of Examination: from 12:00 a.m. or noon to 3:00 a.m. or noon  
Section or Area Examined: LW Con
t  
Was this report phoned to outside: Yes x  
No  
By whom: Stickford  
Report received by:  
(Signed)  

<table>
<thead>
<tr>
<th>Location</th>
<th>CH4</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1. Work Are</td>
<td>0%</td>
<td>None Observed</td>
<td>Please</td>
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<tr>
<td>2. Power Center</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>3. Charger</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>4. D. Box</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
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<tr>
<th>Location</th>
<th>CFM</th>
<th>Location</th>
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</thead>
</table>

Good Air Movement  

Remarks: 0% CH4, 20.8% O2, 0 ppm CO. Detected at exam  
Powercíntes, D. Box, track & travelling. Clean at exam  

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

Signed By: Stickford  
Certificate No. 2676  
Assistant Foreman  

Countersigned:  
Certificate No. 2676  
Assistant Foreman  

Superintendent or Assistant:  
Certificate No. 2676  

Clock time: 2:50 P.M.
**DAILY AND ONSHIFT REPORT**
**MINE FOREMAN OR ASSISTANT**

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**Examinations for Methane in Working Places**

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**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
<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Area 02</td>
<td>None Observed</td>
<td>None</td>
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<tr>
<td>Power Centers 02</td>
<td>None Observed</td>
<td>None</td>
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<tr>
<td>Charges 02</td>
<td>None Observed</td>
<td>None</td>
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<tr>
<td>Obases 02</td>
<td>None Observed</td>
<td>None</td>
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**Air Measurements**

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**Remarks:**

Operative 02, 0760, 20.38.02

Nevellage 5 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]  15-78

Countersigned: [Signature]  21-241

[Title]

Assistant Foreman

Certificate No.
# Daily and Ondata Report

**Mine Foreman or Assistant**

<table>
<thead>
<tr>
<th>Date</th>
<th>Shift</th>
<th>Area or Section</th>
</tr>
</thead>
</table>

### Violations and Other Hazardous Conditions Observed and Reported

<table>
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<tr>
<th>Location</th>
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### Examinations for Methane in Working Places

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### Examinations for Methane in Return Aircourses

<table>
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**Number of Bolts Tested:**

**Number of Bolts Torqued Above Range:**

**Below Range:**

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

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

---

Assistant Mine  
Certificate No.  
Mine Foreman-Mine Manager  
Certificate No.  
Superintendent or Assistant
DATE OF EXAMINATION: 12-11-09  
SECTION OR AREA EXAMINED: LUNCH COND.  
TIME OF EXAMINATION: FROM 5:00 A.M. TO 8:25 A.M.  
WAS THIS REPORT PHONED TO OUTSIDE? YES  
REPORT RECEIVED BY: (SIGNED)  

VIOLATIONS AND OTHER HAZARDOUS CONDITIONS OBSERVED AND REPORTED

<table>
<thead>
<tr>
<th>Location</th>
<th>CM</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1. Power Cable</td>
<td>0X</td>
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<td>2. S- N.A.-3</td>
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<tr>
<td>3. Ash Bags</td>
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<td>4. Wash Box</td>
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AIR MEASUREMENTS

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<th>Location</th>
<th>CPM</th>
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<tbody>
<tr>
<td>Cool Air Movement</td>
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REMARKS:

ON 1/29/99 4:53 P.M. DETECTED A 9 FT EXHAUST OX.

JAMES BRADFORD 26171

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

Production Foreman

COUNTERSIGNED

Mine Manager—Mine Foreman  
Assistant Foreman—Certificate No.
### Violations and other Hazardous Conditions Observed and Reported

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### Number of Bolts Tested

Number of Bolts Torqued Above Range: Above Range

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

### Remarks (Statement as to General Conditions of Mine or Area of Mine)
**Preshift-Mine Examiner's Report**

Date of Examination: 12/11

Time of Examination: from 10:00 a.m. or 2:00 a.m. to 3:00 a.m. or 6:00 a.m.

Section or Area Examined: Longwall Construction

Was this report phoned to outside: Yes

By whom: 

Report received by: 

(Signed)

### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>CH4</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Centers</td>
<td>6%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>D. Boxes</td>
<td>6%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>Chargers</td>
<td>6%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area</td>
<td>6%</td>
<td>None observed</td>
<td>None</td>
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</table>

### Air Measurements

- Location: Good Air Movement
- CFM: 

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<th>Location</th>
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**Remarks:**

CH4 O2 CO 20.8 92

Track & Travelways OK at 10E.

---

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

Signed By: Scott Holstead

Countersigned: 

Assistant Foreman

Certificate No.: 87567

Assistant Foreman

Certificate No.: 019191

Mike Bailey

Assistant Foreman

Certificate No.: 270185

Superintendent or Assistant
DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date ____________________ Shift ____________________ Area or Section ____________________

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action taken</th>
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<tbody>
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Examinations for Methane in Working Places

<table>
<thead>
<tr>
<th>Location</th>
<th>Time</th>
<th>Methane Content</th>
<th>Location</th>
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Examinations for Methane in Return Aircourses

<table>
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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.

Supervisor or Assistant
Date of Examination: 12-11-9
Time of Examination: from 7:00 A.M. or 6:00 to 11:00 A.M. or 11:00
Section or Area Examined: Longwall Coal

Was this report phoned to outside: Yes ___ No ___
By whom: ___ Time: A.M. ___ P.M.
Report received by: ___ (signed) ___

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Power center</td>
<td>None observed</td>
<td>none</td>
</tr>
<tr>
<td>2. D-Box</td>
<td>None observed</td>
<td>none</td>
</tr>
<tr>
<td>3. Charger</td>
<td>None observed</td>
<td>none</td>
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<tr>
<td>4. Work Area</td>
<td>None observed</td>
<td>none</td>
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Air Measurements

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Remarks: 024, 025, 026, 027, 028, 029
Track, Traveler's clear.

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

Signed By: [Signature]
Assistant Foreman: [Signature]
Certificate No: 27047
Certificate No: 26061
# Daily and Onshift Report

**Mine Foreman or Assistant**

**Report shall be signed when made**

## Violations and other Hazardous Conditions Observed and Reported

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## Examinations for Methane in Working Places

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## Examinations for Methane in Return Aircourses

<table>
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<tr>
<th>Location</th>
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</table>

Number of Bolts Tested: __________________________

Number of Bolts Torqued Above Range: __________________________

Below Range: __________________________

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

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

Assistant Mine: __________________________

Certificate No.: __________________________

Mine Foreman-Mine Manager: __________________________

Certificate No.: __________________________

Superintendent or Assistant: __________________________
Date of Examination: 12-12, 2007  
Section or Area Examined:  

By whom:  
Report received by:  
(Signed)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canoe Bottom</td>
<td>None Observed</td>
<td>Reported</td>
</tr>
<tr>
<td>D Boxes</td>
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<tr>
<td>Charger</td>
<td>None Observed</td>
<td>Reported</td>
</tr>
<tr>
<td>Work Area</td>
<td>None Observed</td>
<td>Reported</td>
</tr>
</tbody>
</table>

Air Measurements

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<tr>
<th>Location</th>
<th>CFM</th>
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</table>

Remarks: 0% CO 20.8% O2 0.00  
Track Transports 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:  
Countersigned:  

Assistant Foreman:  
Mine Manager-Mine Foreman:  
Superintendent or Assistant:  

Certificate No.  

### Violations and other Hazardous Conditions Observed and Reported

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### Examinations for Methane in Working Places

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Number of Bolts Tested
Number of Bolts Torqued Above Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine)
PRESIDENT-MINE EXAMINER'S REPORT

Date of Examination: 12-12-09
Section or Area Examined: LW Construction
Time of Examination: from 12:00 a.m. to 2:00 a.m. or p.m.
Was this report phoned to outside? Yes ___ no ___
By whom: Brought in
Report received by: (Signed)

Violations and other Hazardous Conditions Observed and Reported

<table>
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<tr>
<th>Location</th>
<th>CFM</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>D-Boxes</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Charger</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
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Air Measurements

<table>
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<tr>
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Remarks: CO CH4 10.8% 0% Dppro CO Detected at Exam
Track & Travelways 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: Scott Holstedt
PreShift-Mine Examiner
Certificate No: 37567

Countersigned: CT
Assistant Foreman
Certificate No: 062641

Mike Bailey
Assistant Foreman
Certificate No: 27085

Superintendent or Assistant
**Daily and Onshift Report**

**Mine Foreman or Assistant**

Report shall be signed when made.

<table>
<thead>
<tr>
<th>Date</th>
<th>Shift</th>
<th>Area or Section</th>
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**Violations and other Hazardous Conditions Observed and Reported**

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**Examinations for Methane in Working Places**

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</table>

**Examinations for Methane in Return Aircourses**

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<th>Location</th>
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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

Date of Examination: 12-13-09
Time of Examination: from 8:00 a.m. or 7:00 p.m. to 10:00 a.m. or 9:00 p.m.
Section or Area Examined: Wall Constr.
Was this report phoned to outside: Yes
By whom: Daily
Time: 10:00 A.M.
Report received by: (Signed)

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>2. Box</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>3. Charger</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area</td>
<td>None Observed</td>
<td>None</td>
</tr>
</tbody>
</table>

Air Measurements

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
<th>Location</th>
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</tr>
</thead>
</table>

Remarks: G & C 12:00 20:00

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: M. Bailey
Assistant Foreman: Certificate No. 27085
Countersigned By: C. B. Foreman
Mine Manager: Certificate No. 25141
Assistant Foreman: Superintendent or Assistant
<table>
<thead>
<tr>
<th>Location</th>
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**Examinations for Methane in Return Aircourses**

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Number of Bolts Tested

Number of Bolts Torqued Above Range

Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine)
**PRESHIFT-MINE EXAMINER'S REPORT**

Date of Examination: 12-13

Section or Area Examined: LW Canet

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

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<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>Power Center</td>
<td>New Observed</td>
<td>Reported</td>
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<tr>
<td>Dr. Tower</td>
<td></td>
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<tr>
<td>Charger</td>
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<tr>
<td>Work Area</td>
<td>New Observed</td>
<td>Reported</td>
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### Air Measurements

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<tbody>
<tr>
<td>Good Air Movement</td>
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Remarks: Track Travelways OK
0% CH4 20% He 0% CO

---

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: ________________
Methane Examiners

Countersigned: ________________
Assistant Foreman

Certificate No. 22940

Certificate No. 22941

Assistant Foreman

Assistant Foreman

Assistant Foreman

Assistant Foreman
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Examinations for Methane in Working Places

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Examinations for Methane in Return Aircourses

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Number of Bolts Tested

Number of Bolts Torqued Above Range
Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine)
# PRESHIFT-MINE EXAMINER'S REPORT

**Report shall be signed when made**

**Date of Examination:** 12/13/09  
**Section or Area Examined:** LW Construction  
**Time of Examination:** from 8:00 a.m. or 9:00 a.m. or 10:00 a.m. or 11:00 a.m.  
**Time:** A.M. P.M.  
**By whom:**  
**Report received by:**  

(Signed)

## Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>0%</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>0%</td>
<td><strong>NONE OBSERVED</strong></td>
<td><strong>NONE</strong></td>
</tr>
<tr>
<td>D-Rays</td>
<td>0%</td>
<td><strong>NONE OBSERVED</strong></td>
<td><strong>NONE</strong></td>
</tr>
<tr>
<td>Charger</td>
<td>0%</td>
<td><strong>NONE OBSERVED</strong></td>
<td><strong>NONE</strong></td>
</tr>
<tr>
<td>Work Area</td>
<td>0%</td>
<td><strong>NONE OBSERVED</strong></td>
<td><strong>NONE</strong></td>
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## Air Measurements

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<tr>
<td><strong>Good Air Movement</strong></td>
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**Remarks:** 0% CH4, 20,8202 O2 ppm CF Detected at Exam  
Track & Travelways - 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: Scott Holstein  
Assistant Foreman:  
Counter Signed:  
Mine Manager—Mine Foreman:  
Assistant Foreman:  
Superintendent or Assistant:
### Daily and Ongoing Report

**Mine Foreman or Assistant**

**Date**

**Shift**

**Area or Section**

**Violations and other Hazardous Conditions Observed and Reported**

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**Examinations for Methane in Working Places**

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**Number of Bolts Tested**

**Number of Bolts Torqued Above Range**

**Below Range**

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

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

---

**Assistant Mine**

**Certificate No.**

**Mine Foreman-Mine Manager**

**Certificate No.**

**Superintendent or Assistant**
Date of Examination: 12-13-09
Time of Examination: from 6:33 a.m. or (am) to 11:30 a.m. or (pm)

Was this report phoned in outside? Yes [ ] No [ ]
By whom: Mike Bailey
Report received by: [Signature]

<table>
<thead>
<tr>
<th>Location</th>
<th>Ch4</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>Power Center</td>
<td>0%</td>
<td>None Observed</td>
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<tr>
<td>O-Box #7</td>
<td>0%</td>
<td>None Observed</td>
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</tr>
<tr>
<td>Chargers</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area</td>
<td>0%</td>
<td>None Observed</td>
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Air Measurements

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<tr>
<th>Location</th>
<th>CFM</th>
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Remarks:
- 0% Ch4, 20.8% CO², 0 ppm CO detected at time of exam.
- Track, Travelways, 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 satisfactory conditions and practices observed by me are listed in this report.

Signed By: [Signature]
Countersigned: [Signature]

Assistant Foreman
Certificate No. 27085
# Daily and Onshift Report

**Mine Foreman or Assistant**

## Violations and other Hazardous Conditions Observed and Reported

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</table>

## 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.  
Superintendent or Assistant:
**PRESHEIF-MINE EXAMINER'S REPORT**

Date of Examination: 12-24 2005

Section or Area Examined: UG Count.

Time of Examination: from 7 a.m. or p.m. to 8 a.m. or p.m.

Was this report phoned to outside: Yes. no.

By whom: Time: A.M. P.M.

Report received by: (Signed)

### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>C.F.M</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1. Passer Beta 670</td>
<td>None Observed</td>
<td>Reported</td>
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<tr>
<td>2. D-Oxide 1</td>
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<td>3. Charger</td>
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<td>4. Work Area</td>
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<td>Reported</td>
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### Air Measurements

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<th>Location</th>
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**Remarks:**

CO, CH4 2007 02 0 80

**Track Transiments on**

---

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. 27085

Countersigned:

\[Signature\]

Mine Manager/Mine Foreman

Certificate No. 26241

Superintendent or Assistant Foreman

Assistant Foreman
DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date ____________________ Shift ___________ Area or Section ____________________

Violations and other Hazardous Conditions Observed and Reported

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<tr>
<th>Location</th>
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<th>Action taken</th>
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Examinations for Methane in Working Places

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Examinations for Methane in Return Aircourses

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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

Date of Examination: 12/1/68
Time of Examination: from 12:00 a.m. of Dec. 1, 1968, to 2:00 a.m. of Dec. 2, 1968
Section or Area Examined: 705

Was this report phoned to outside? Yes  no

By whom: George Curr

Report received by: George Curr

Violations and other Hazardous Conditions Observed and Reported

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<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>1. Power Center 3/4 CH4</td>
<td>None observed</td>
<td>None</td>
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<tr>
<td>2. Wood Box 1/2 CH4</td>
<td>None observed</td>
<td>None</td>
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<td>3. Charge 1/2 CH4</td>
<td>None observed</td>
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<td>4. Work Area 1/2 CH4</td>
<td>None observed</td>
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Air Measurements

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Remarks: 0% CH4 0% CO 20% 02 Tracks travelways clean area

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: Russell Barnhart 1536-A
Assistant Foreman

Counter Signed: Ralph Noggle 24641
Assistant Foreman

Mike Bentley 27085
Superintendent or Assistant
## Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
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## Examinations for Methane in Working Places

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## Examinations for Methane in Return Aircourses

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<th>Location</th>
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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):
Date of Examination: 12-14
Time of Examination: from 6:30 a.m. to 8:00 a.m. or p.m.
Was this report phoned to outside: Yes. No.
By whom: [Signature]
Report received by: [Signature]

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1. Borne Center O2 0%</td>
<td>None observed</td>
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<tr>
<td>2. D. Bore O2</td>
<td>None observed</td>
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<tr>
<td>3. Charge O2</td>
<td>None observed</td>
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<tr>
<td>4. Wale Area O2</td>
<td>None observed</td>
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Air Measurements

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<tr>
<th>Location</th>
<th>CFM</th>
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<tr>
<td>Good air movement</td>
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</table>

Remarks:

- MCHY dept. 0%. 20.4 0% CO 0%
- Track & Trendways clean at severe.

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 1965 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By: [Signature] - Pre-shift Mine Examiner

Countersigned By: [Signature] - Assistant Foreman

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

Assistant Foreman: [Signature] - Superintendent or Assistant
**DAILY AND ONSHIFT REPORT**

**MINE FOREMAN OR ASSISTANT**

**Date**

**Shift**

**Area or Section**

Visions and other Hazardous Conditions Observed and Reported

<table>
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Examinations for Methane in Working Places

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Examinations for Methane in Return Aircourses

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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)
Date of Examination: 18-15-09
Time of Examination: from 8:00 a.m. or 12:00 a.m. or 4:00 P.M.
Was this report phoned to outside: Yes. No. Time. A.M. P.M.
By whom. Report received by.

Location. Violation or Hazardous Condition. Action Taken.
1. Powder Canters. 14-9%. None observed. None.
2. D. Box's. None observed. None.
3. Chargers. None observed. None.
4. Work Area. None observed. None.

Location. Air Measurements. Location. CFM.

Good Air Movement.

Remarks: 076 CH4, 20.8% O2, 8 ppm CO Detected at Exam.
Track & Travelways Clean at Exam.

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

Signed By: Scott Whitehead, 37567. Assistant Foreman.
Countersigned By: 30290, 28194. Assistant Foreman.

Maki Keiley, 27085. Superintendent or Assistant.
### Daily and Onshift Report

#### Mine Foreman or Assistant

<table>
<thead>
<tr>
<th>Date</th>
<th>Shift</th>
<th>Area or Section</th>
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#### Violations and other Hazardous Conditions Observed, and Reported

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#### Examinations for Methane in Working Places

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#### Examinations for Methane in Return Air Courses

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Number of Bolts Tested
Number of Bolts Torqued Above Range
Number of Bolts Torqued 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.
Supervisor or Assistant
Date of Examination: 12-15-09  2009  Section or Area Examined: LW Construction
Time of Examination: from 8:30 a.m. to 10:30 a.m. or 11:00 A.M.
Was this report phoned to outside: Yes   No
By whom: Billy Campbell
Report received by: Glynn Caball 1947-A

Location  CH4 %  Violation or Hazardous Condition O2 %  Action Taken
1. Power centers  0%  None observed  20.8%  None
2. D-Boxes  0%  None observed  8.0%  None
3. Work Area  0%  None observed  8.0%  None
4. Chargers  0%  None observed  24.8%  None

Air Measurements

Location  CFM

Remarks: 0% CH4, 20.8% O2, 0 ppm CO. Defects at time of exam
Track, Travelways, OK at time of exam.

This is to certify that: (a) this section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1968 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By: [Signature]
Countersigned: [Signature]

Monthly Examinations and Testing of Mine Air

PRESIDENT: 1947-A
Assistant Foreman
Superintendent or Assistant
### Daily and Onshift Report
#### Mine Foreman or Assistant

- **Date:**
- **Shift:**
- **Area or Section:**

#### Violations and Other Hazardous Conditions Observed and Reported

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#### Examinations for Methane in Working Places

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#### Examinations for Methane in Return Aircourses

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- **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**

Date of Examination: 12/16 2009

Time of Examination: from 7 a.m. or p.m. to 6 a.m. or p.m.

Was this report phoned to outside: Yes

By whom: [Signature]

Report received by: [Signature]

**Violations and other Hazardous Conditions Observed and Reported**

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. James Court</td>
<td>0%</td>
<td>New Observed</td>
<td>Reported</td>
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<td>2. P Reeves</td>
<td>1</td>
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<td>3. Change 1</td>
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<td>New Observed</td>
<td>Reported</td>
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<td>4. West Area</td>
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<td>New Observed</td>
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**Air Measurements**

Grand Air Measurement: [Signature]

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Remarks: Track Traveling 12% 0% CH4 20.8% de 0% CO

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]

Countersigned: [Signature]

Assistant Foreman: [Signature]

Assistant Foreman: [Signature]

Certificate No.: 22221

Superintendent or Assistant: [Signature]
# Daily and Onshift Report

**Mine Foreman or Assistant**

Report shall be signed when made

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**Examinations for Methane in Working Places**

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**Examinations for Methane in Return Aircourses**

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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

Date of Examination 12/16/09

Time of Examination: from 8:00 a.m. or 1:00 to 3:00 a.m. or 6:00

Was this report phoned to outside: Yes no

Section or Area Examined L.W. Construction

By whom

Report received by

(Signed)

Violations and other Hazardous Conditions Observed and Reported

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<tbody>
<tr>
<td>1. Power Center</td>
<td>0%</td>
<td>NONE OBSERVED</td>
<td>NONE</td>
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<tr>
<td>2. D-Box's</td>
<td>0%</td>
<td>NONE OBSERVED</td>
<td>NONE</td>
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<tr>
<td>3. Charger</td>
<td>0%</td>
<td>NONE OBSERVED</td>
<td>NONE</td>
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<tr>
<td>4. Work Area</td>
<td>0%</td>
<td>NONE OBSERVED</td>
<td>NONE</td>
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Air Measurements

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<th>Location</th>
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<tr>
<td>Good Air Movement</td>
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Remarks: TRACK & TRAVELWAYS - Clea

0% CH4, 20.8% O2, 0 ppm CO Detected at Exam

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

Signed By Scott Holston

Assistant Foreman

Assistant Foreman

Assistant Foreman

Superintendent or Assistant

Certificate No. 37514
**DAILY AND ONSHIFT REPORT**

**MINE FOREMAN OR ASSISTANT**

Report shall be signed when made

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**Examinations for Methane in Working Places**

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**Examinations for Methane in Return Aircourses**

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Number of Bolts Tested

Number of Bolts Torqued Above Range

Below Range

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant
Date of Examination: 12/16/20.
Time of Examination: From 7:00 a.m. or a.m. to 11:00 a.m. or a.m.
Section or Area Examined: LW Const.
Was this report phoned in outside? Yes. No.
By whom: ________________ Time: A.M. 11:00 a.m.
Report received by: ________________

### Violations and Other Hazardous Conditions Observed and Reported

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<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
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<tbody>
<tr>
<td>Down Stair</td>
<td>None observed</td>
<td>40.0</td>
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<tr>
<td>Box s</td>
<td>None observed</td>
<td>40.0</td>
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<tr>
<td>Chassee</td>
<td>None observed</td>
<td>40.0</td>
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<tr>
<td>Work Area</td>
<td>None observed</td>
<td>40.0</td>
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### Air Measurements

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<td>Good air movement</td>
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### Remarks:

- Low air leak 02.
- 20.8 oz CO2.
- Sugar and track clear of debris.

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: ________________
Countersigned: ________________

Superintendent or Assistant: ________________
# Daily and On-Shift Report

**Mine Foreman or Assistant**

**Date**

**Shift**

**Area or Section**

---

### Violations and other Hazardous Conditions Observed and Reported

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### Examinations for Methane in Working Places

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### Examinations for Methane in Return Aircourses

<table>
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<th>Location</th>
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<th>Methane Content</th>
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**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:
<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Center 0%</td>
<td>none observed</td>
<td></td>
</tr>
<tr>
<td>D. Box's 0%</td>
<td>none observed</td>
<td></td>
</tr>
<tr>
<td>Charged 0%</td>
<td>none observed</td>
<td></td>
</tr>
<tr>
<td>Work Area 0%</td>
<td>none observed</td>
<td></td>
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**Air Measurements**

<table>
<thead>
<tr>
<th>Location</th>
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</table>

**Remarks:**

20.8% O2, CH4 0%, CO 0%. Detected at Exam.

Travelways & Track Clear at Exam.

---

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

Signed By: [Signature]  
Assistant Foreman: [Signature]  
Assistant Foreman: [Signature]  
Assistant Foreman: [Signature]  
Assistant Foreman: [Signature]  
Superintendent or Assistant: [Signature]  
Certificate No.: [Number]
### DAILY AND ONSHIFT REPORT
**MINE FOREMAN OR ASSISTANT**

**Date**

**Shift**

**Area or Section**

**Violations and other Hazardous Conditions Observed and Reported**

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<th>Location</th>
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**Examinations for Methane in Working Places**

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**Examinations for Methane in Return Aircourses**

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</table>

**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

Date of Examination: 18.17.09
Time of Examination: from 12:00 A.M. or 0 M. to 3:00 A.M. or 3 M.
Was this report phoned to outside: Yes [ ] No [X] Time: A.M. 2:54 P.M.
By whom: J. Bickford
Report received by: Seafo Tolstedt 27547

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
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<tr>
<td>D. Box's</td>
<td>0%</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Chargers</td>
<td>0%</td>
<td>None Observed</td>
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<tr>
<td>Work Area</td>
<td>0%</td>
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Air Measurements

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<tr>
<th>Location</th>
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<tr>
<td>Good Air Movement</td>
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Remarks:
20.8%O2, 0%CH4, 0ppm CO Detected at Exam
Track & Travelways Clean at Exam

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

Signed By: J. Bickford
Co-Examiner

Countersigned: O. Tolstedt
Assistant Foreman

Certificate No.: 26176

Superintendent or Assistant
## Daily and Ongoing Report

**Mine Foreman or Assistant**

Report shall be signed when made.

### Violations and Other Hazardous Conditions Observed and Reported

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### Examinations for Methane in Working Places

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### Examinations for Methane in Return Aircourses

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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 
Mine Foreman/Mine Manager: Certificate 
Superintendent or Assistant: Certificate
**Preshift-Mine Examiner's Report**

**Use Indelible Pencil or Ink**

Date of Examination: 12/17/07

Time of Examination: from 8:00 a.m. or 4:00 a.m. to 4:00 p.m.

Was this report phoned to outside: Yes / No

By whom: (Signed)

Report received by: (Signed)

---

**Violations and other Hazardous Conditions Observed and Reported**

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<th>Location</th>
<th>Violation or Hazardous Condition</th>
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<tbody>
<tr>
<td>Power center</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>Q Box</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>Charger Q Box</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area Q Box</td>
<td>None observed</td>
<td>None</td>
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**Air Measurements**

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<th>Location</th>
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Remarks:

CO, NO, 209-002
Track, Trace Hanges CO

---

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) 1/12/07

Countersigned: (Signature) 1/12/07

Assistant Foreman

Certificate No.
## Daily and Ongoing Report

**Mine Foreman or Assistant**

**Report shall be signed when made**

**Use Indelible Pencil or Ink**

**Date**  
**Shift**

**Area or Section**  
**Location**  
**Violations and other Hazardous Conditions Observed and Reported**  
**Violation or Hazardous Condition**  
**Action taken**

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**Examinations for Methane in Working Places**

<table>
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**Examinations for Methane in Return Aircourses**

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</table>

**Number of Bolts Tested**

**Number of Bolts Torqued Above Range**

**Below Range**

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

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

---

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant
Date of Examination: 12-19-21  
Time of Examination: from 2:30 p.m. to 5:30 p.m.  
Section or Area Examined:  
By whom:  
Showing the report if inside:  
Report received by:  

<table>
<thead>
<tr>
<th>Violations and Other Hazardous Conditions Observed and Reported</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Violation or Hazardous Condition</td>
</tr>
<tr>
<td>1. Power Cables</td>
<td>None</td>
</tr>
<tr>
<td>2. Dusty Areas</td>
<td>None</td>
</tr>
<tr>
<td>3.Damaged Area</td>
<td>None</td>
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<tr>
<td>4. Wet Area</td>
<td>None</td>
</tr>
</tbody>
</table>

Location: Coal Area, No. 1  
Air Measurements:  
| CFM | Location | CFM |
|---------------------------------|-------------------------------------------------|

Remarks: On duty, again 2288 by 12:00 at time of exam.  
No tramming at 12:00 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:  
Pre-shift Mine Examiner:  
Certificate No.:  

Countersigned:  
Mine Manager:  
Certificate No.:  

Superintendent or Assistant:  
John T. Bichard 2017
## Daily and Onshift Report

### Mine Foreman or Assistant

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
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### Examinations for Methane in Working Places

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<th>Location</th>
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</table>

### Examinations for Methane in Return Aircourses

<table>
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**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.  
Supervisor or Assistant
### PRESHIFT-MINE EXAMINER'S REPORT

**Use Indelible Pencil or Ink**

**Date of Examination:** 12-13-04

**Time of Examination:** from 9:00 a.m. or 1:00 p.m. to 2:00 p.m. or 6:00 p.m.

**Was this report typed outside:** Yes. No.

**By whom:** J. Beckford

**Time:** A.M. 2:40 P.M.

**Section or Area Examined:** L.W. Construction

**Report received by:**

**(Signed)**

---

### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>Power Casting</td>
<td>None observed</td>
<td>None</td>
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<tr>
<td>O. Box's</td>
<td>None observed</td>
<td>None</td>
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<tr>
<td>Chargers</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area</td>
<td>None observed</td>
<td>None</td>
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</tbody>
</table>

### Air Measurements

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
</tr>
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<tbody>
<tr>
<td>Good Air Movement</td>
<td></td>
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</table>

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**Remarks:** 0% CO, 208,000 ppm, CO detected at exam, track + travelways clean at exam

---

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

**Signed By:**

- **Pre-shift Mine Examiner:** Frank Beckford
- **Certificate No.:** 2617

**Countersigned:**

- **Mine Manager—Mine Foreman:**
  - **Certificate No.:** 55357

**Assistant Foreman:**

- **Certificate No.:** 27885

---

**Assistant Foreman:**

- **Certificate No.:**

---

**Superintendent or Assistant:**

---
# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

- **Date**: 
- **Shift**: 
- **Area or Section**: 

**Violations and other Hazardous Conditions Observed and Reported**

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**Examinations for Methane in Working Places**

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**Examinations for Methane in Return Aircourses**

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- **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**

Date of Examination: **12-18-09**
Time of Examination: from **8:00 a.m.** to **12:00 a.m.**

Section or Area Examined: **Longwall Construction**

Was this report phoned to outside: **No**
By whom: **Mike Bailey**

Report received by: **(Signed)**

### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>CH4 %</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Power Trans.</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>2. I-boxes</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>3. Chargers</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>4. Work Area</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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</tbody>
</table>

### Air Measurements

- **Location:** Good Air Movement
- **CFM:**

### Remarks:

- **CH4:** 20.5% 0° O2
- **OFCO:** detected at 70 E
- **Track, Travelways, & At Time of Exam:**

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

Signed by: **Mike Bailey**
Countersigned: **[Signatures]**

Assistant Foreman

Certificate No.

Assistant Foreman

Certificate No.

Superintendent or Assistant
## Daily and ONSHIFT Report
### Mine Foreman or Assistant

**Date**

**Shift**

**Area or Section**

**Violations and other Hazardous Conditions Observed and Reported**

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**Examinations for Methane in Working Places**

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**Number of Bolts Tested**

**Number of Bolts Torqued Above Range**

**Below Range**

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

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

---

**Assistant Mine**

**Certificate No.**

**Mine Foreman-Mine Manager**

**Certificate No.**

**Superintendent or Assistant**
Date of Examination: 12-21-09  
Time of Examination: from 1200 a.m. or 6:00 a.m. to 300 a.m. or 6:00 p.m.

Was this report taken to outside: Yes. 
By whom: Russell 
Report received by: Tim

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>Observed</td>
<td>None</td>
</tr>
<tr>
<td>D-Boxes</td>
<td>Observed</td>
<td>None</td>
</tr>
<tr>
<td>Conveyors</td>
<td>Observed</td>
<td>None</td>
</tr>
<tr>
<td>Load Area</td>
<td>Observed</td>
<td>None</td>
</tr>
</tbody>
</table>

Air Measurements

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Air Movement</td>
<td></td>
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</table>

Remarks: 0% OH 208% O2 0% CO
Track at top 39 is clear of FOE.

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: Russell Dunne
Countersigned: Tyree Moore
Assistant Foreman: Carl Hall
Assistant Foreman: W. C. Garfield

Certificate No.: 13544
Certification No.: 3237
Certificate No.: 16544

Superintendent or Assistant.
## Daily and Onshift Report

**Mine Foreman or Assistant**

**Date**

**Shift**

**Area or Section**

---

**Violations and Other Hazardous Conditions Observed and Reported**

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**Examinations for Methane in Working Places**

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**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**

**Date of Examination:** 12-21-01  
**Section or Area Examined:** Harrell  
**Time of Examination:** from 6:00 A.M. or p.m. to 11:00 A.M. or p.m.  
**Was this report phoned to outside:** Yes  
**By whom:** M. Hayden  
**Time:** A.M. 11:00  
**Signed:** J. Johnson 29011

### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lounge Area</td>
<td>0% CO, 20.8%</td>
<td>none addressed</td>
</tr>
<tr>
<td>O' Rea</td>
<td>0% CO, 20.8%</td>
<td>none addressed</td>
</tr>
<tr>
<td>Cavern</td>
<td>0% CO, 0%</td>
<td>none addressed</td>
</tr>
<tr>
<td>Work Area</td>
<td>0% CO, 20.8%</td>
<td>none addressed</td>
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</tbody>
</table>

### Air Measurements

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
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</thead>
<tbody>
<tr>
<td>Good air movement</td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:**  0% CO, 20.8% 0003  
Track & transways clear at exam.

---

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

**Signed By:** M. Hayden  
**Counter Signed:** J. Johnson  
**Superintendent or Assistant:** J. Johnson 29011
DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Use Indelible
Pencil or Ink

Date
Shift
Area or Section

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

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Examinations for Methane in Working Places

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<tr>
<th>Location</th>
<th>Time</th>
<th>Methane Content</th>
<th>Location</th>
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Examinations for Methane in Return Aircourses

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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)

Signed when made

Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant
PRESHIFT-MINE EXAMINER'S REPORT

Date of Examination: 12-22-07

Time of Examination: from 3:22 QH. or p.m. to 4:30 QH. or p.m.

Was this report phoned to outside: Yes ___ now ___

By whom: (Signed) 1st __

Report received by: (Signed) 2nd __

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>CMY</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Power Center</td>
<td>0%</td>
<td>None</td>
<td>(5/25/25)</td>
</tr>
<tr>
<td>2. Charger</td>
<td>0%</td>
<td>None</td>
<td>(5/25/25)</td>
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<tr>
<td>3. Wash Area</td>
<td>0%</td>
<td>None</td>
<td>(5/25/25)</td>
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<tr>
<td>4. O - 2206</td>
<td>0%</td>
<td>None</td>
<td>(5/25/25)</td>
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Air Measurements

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<th>CMY</th>
<th>Location</th>
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<tbody>
<tr>
<td>Good Air Movement</td>
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</table>

Remarks: OSCARRY, 01-07, 20.68% of the Qt. 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: (Signed) 27085

Countersigned: (Signed) 13509

Certificate No.

Superintendent or Assistant
<table>
<thead>
<tr>
<th>Location</th>
<th>Time</th>
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Examinations for Methane in Return Aircourses

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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)
Date of Examination: 12-22
Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside? Yes. no.
By whom: M. Bailey
Report received by: T. Adams

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>Lower Con, C</td>
<td>Ignore</td>
<td>none</td>
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<tr>
<td>Charny</td>
<td>Ignore</td>
<td>none</td>
</tr>
<tr>
<td>Work Area</td>
<td>Ignore</td>
<td>none</td>
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<td>D. Boro's</td>
<td>Ignore</td>
<td>none</td>
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Air Measurements

<table>
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<tr>
<th>Location</th>
<th>CFM</th>
<th>Location</th>
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<tbody>
<tr>
<td>Good air movement</td>
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Remarks:

COCHI deck: 02 20.80 02
Track and handways clean at exam.

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

Signed By: M. Bailey
Assistant Foreman

Countersigned: T. Adams
Assistant Foreman
<table>
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<th>Location</th>
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Examinations for Methane in Return Aircourses

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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)
Date of Examination 12.25.03 Section or Area Examined 2W Canat

Time of Examination: from 8 a.m. or p.m. to 10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

<table>
<thead>
<tr>
<th>Location</th>
<th>CH2</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>6%</td>
<td>None Observed</td>
<td>Reported</td>
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<tr>
<td>Charger</td>
<td></td>
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<tr>
<td>Work Area</td>
<td>1%</td>
<td></td>
<td></td>
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<tr>
<td>D Saps</td>
<td>0%</td>
<td>None Observed</td>
<td>Reported</td>
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Air Measurements

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<tr>
<th>Location</th>
<th>CFM</th>
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<tbody>
<tr>
<td>Coal Air Movements</td>
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Remarks: Track Travelmaps OK
0% CH2 0% CO 20.5% O2

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

Signed By J.L. Boland
Preshift-Mine Examiner 13975

Countersigned English Freeman
Mine Manager 33354

Assistant Foreman

Superintendent or Assistant

Walter McGlone 13974
<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
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Examinations for Methane in Working Places

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

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

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

Assistant Mine  Certificate No.  Mine Foreman-Mine Manager  Certificate No.  Superintendent or Assistant
Date of Examination: 12-23
Time of Examination: from 12:00 a.m. to 3:55 p.m.
Section or Area Examined: Lu Condk

Location | % CH4 | Violation or Hazardous Condition | Action Taken
--- | --- | --- | ---
1. Power Center | 0% | None Observed | Reported
2. Charger | 0% | None Observed | Reported
3. Work Area | 0% | None Observed | Reported
4. D-Boxes | 0% | None Observed | Reported

Air Measurements

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

Remarks:
Track & Travelway clear at time of exam.
0% CH4, 0% CO, 20.8% O2 detected 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: Russell Stunner, Fresh Shift Mine Examiner
Certificate No.: 15364

Assistant Foreman: Wilf Clapp, Assistant Foreman
Certificate No.: 13540

Countersigned: Jack Parker, Mine Manager-Mine Foreman
Certificate No.: 73239

Assistant Foreman: Mike Bailey
Certificate No.: 27083
# Daily and Onshift Report

**Mine Foreman or Assistant**

Report shall be signed when made

---

### Violations and other Hazardous Conditions Observed and Reported

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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
### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>City</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower Center</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>2. O-Boxes</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>3. Chargers</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
</tr>
<tr>
<td>4. Work Area</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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### Air Measurements

<table>
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<tr>
<th>Good AIR MOVEMENT</th>
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**Remarks**: 20.1% O², 0% CO, 0 ppm CO,

Track, Travelways OK at time of exam.
DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date _____________________ Shift _____________________ Area or Section _____________________

Violations and other Hazardous Conditions Observed and Reported

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Examinations for Methane in Working Places

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Examinations for Methane in Return Aircourses

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

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

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

Assistant Mine _____________________ Certificate No. _____________________ Mine Foreman-Mine Manager _____________________ Certificate No. _____________________ Superintendent or Assistant _____________________
Date of Examination: 12-26-79  
Time of Examination: 8:00 a.m. or p.m. to 6:00 a.m. or p.m.  
Section or Area Examined: Line 11 coal  

Was this report phoned to outside: Yes  
By whom:  
Report received by:  

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Center</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>D-Box</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Chargers</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area</td>
<td>None Observed</td>
<td>None</td>
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Air Measurements

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<tr>
<th>Location</th>
<th>CFM</th>
<th>Location</th>
<th>CFM</th>
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Remarks: Concentration of CO - 218 ppm  
Travelways 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:  
Countersigned:  

Assistant Foreman:  
Superintendent or Assistant:  

John Beckford 26176  
Willie C. Phillips 1354
## Daily and Ongoing Report

### Mine Foreman or Assistant

**Date** ___________________  **Shift** ___________________  **Area or Section** ___________________

### Violations and Other Hazardous Conditions Observed and Reported

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**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

Use Indelible
Pencil or Ink

Date of Examination 12-26-09
Time of Examination: from 12:00 A.M. or 12:00 P.M.

Was this report phoned to outside: Yes  Yes No

By whom BILL CAMBER
(RSgned)

Report received by Tim Williams

Section or Area Examined L1 Construction

Violations and other Hazardous Conditions Observed and Reported

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<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>Power Centers</td>
<td>0% CH4</td>
<td>None observed</td>
</tr>
<tr>
<td>D-Roof</td>
<td>0% CH4</td>
<td>None observed</td>
</tr>
<tr>
<td>Chargers</td>
<td>0% CH4</td>
<td>None observed</td>
</tr>
<tr>
<td>Work Area</td>
<td>0% CH4</td>
<td>None observed</td>
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Air Measurements

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<tr>
<th>Location</th>
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<tr>
<td>Good Air Movement</td>
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Remarks: Rock, 20.8% CO, 0% CO
Trash & Hazards Clean At 95.

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 Bill Campbell
Assistant Foreman

Countersigned Tim Williams
Assistant Foreman

Superintendent or Assistant

12-26-97
Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date ____________________________________ Shift __________________________ Area or Section __________________________

Violations and other Hazardous Conditions Observed and Reported

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

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

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

__________________________________________________

__________________________________________________
**PRESHIFT-MINE EXAMINER'S REPORT**

Date of Examination: 12/21/09  
Time of Examination: from 8:32 A.M. or G.M. to 12:00 P.M. or G.M.  
Section or Area Examined: Wall Cave  
Was this report phoned to outside: Yes  
By whom:  
Report received by:  

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
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<tbody>
<tr>
<td>1. PLC'5 07 C.H.Y</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>2. Orcs 07 C.H.Y</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>3. Charge's 07 C.H.Y</td>
<td>None Observed</td>
<td>None</td>
</tr>
<tr>
<td>Work Area 07 C.H.Y</td>
<td>None Observed</td>
<td>None</td>
</tr>
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<table>
<thead>
<tr>
<th>Location</th>
<th>Air Measurements</th>
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</table>

Remarks: 07 C.H.Y, 07 C.D, 208 C.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: Assistant Foreman  
Countersigned: Assistant Foreman  
Superintendent or Assistant
# Daily and ONShift Report

**Mine Foreman or Assistant**

Report shall be signed when made

## Violations and other Hazardous Conditions Observed and Reported

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## Examinations for Methane in Working Places

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## Examinations for Methane in Return Aircourses

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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)

<table>
<thead>
<tr>
<th>Assistant Mine</th>
<th>Certificate No.</th>
<th>Mine Foreman-Mine Manager</th>
<th>Certificate No.</th>
<th>Superintendent or Assistant</th>
</tr>
</thead>
</table>
**PRESHIFT-MINE EXAMINER'S REPORT**

**Date of Examination**: 12-22-09

**Time of Examination**: from 10:00 a.m. to 12:00 p.m.

**Section or Area Examined**: 4-11-21 south

**Was this report phoned to outside?**: No

**By whom**: "Signed"

**Time**: A.M. 6:00 P.M.

**Report received by**: "Signed"

---

**Violations and other Hazardous Conditions Observed and Reported**

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pl's</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2. Obox</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3. Charge</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>4. Walk</td>
<td>None</td>
<td>None</td>
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</tbody>
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**Location**

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<tr>
<th>Good Air</th>
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**Air Measurements**

<table>
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<tr>
<th>CFM</th>
<th>Location</th>
<th>CFM</th>
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**Remarks**: CO & CO2 20-18.6%

---

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

**Signed By**

- **Preshift-Mine Examiner**
  - Signature
  - Certificate No.

**Countersigned**

- **Assistant Foreman**
  - Signature
  - Certificate No.

**Superintendent or Assistant**

- Signature

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Examinations for Methane in Working Places

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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

PRESIDENT-MINE EXAMINER'S REPORT

Date of Examination 12-27 20:59 Section or Area Examined LIV Const
Time of Examination: from __:___ A.M. to __:___ A.M. or __:___ P.M.
Was this report phoned to outside: Yes  No
By whom Bill  Sign (Signed) 54199
Report received by ____________

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1. PC's</td>
<td>070</td>
<td>None observed</td>
</tr>
<tr>
<td>2. D-Boes</td>
<td>070</td>
<td>None observed</td>
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<tr>
<td>3. Charger</td>
<td>070</td>
<td>None observed</td>
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<tr>
<td>4. Work Area</td>
<td>070</td>
<td>None observed</td>
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</tbody>
</table>

Air Measurements

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
<th>Location</th>
<th>CFM</th>
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</thead>
<tbody>
<tr>
<td>Good Air Movement</td>
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</table>

Remarks:
07:01 08:00 20:38
Travelway Clear

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

Signed By: William Campbell  Certificate No. 13544
Assistant Foreman

Countersigned: Timothy Miller  Certificate No. 52357
Mine Manager-Mine Foreman
Assistant Foreman

Superintendent or Assistant

Assistant Foreman
# Daily and ONShift Report

## Mine Foreman or Assistant

Report shall be signed when made.

<table>
<thead>
<tr>
<th>Date</th>
<th>Shift</th>
<th>Area or Section</th>
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</thead>
</table>

### Violations and other Hazardous Conditions Observed and Reported

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### Examinations for Methane in Working Places

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### Examinations for Methane in Return Aircourses

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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: [Name]
Certificate No.: [Number]
Mine Foreman-Mine Manager: [Name]
Certificate No.: [Number]
Superintendent or Assistant: [Name]
**PRESHIFT-MINE EXAMINER'S REPORT**

Date of Examination: 12-27-09
Section or Area Examined: L.W. Construction
Time of Examination: from 8:30 a.m. to 11:10 a.m. or P.M.

Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>CH4</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>PC s</td>
<td>0%</td>
<td>None observed</td>
<td>NONE</td>
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<tr>
<td>D-Boxes</td>
<td>0%</td>
<td>None observed</td>
<td>NONE</td>
</tr>
<tr>
<td>Chargers</td>
<td>0%</td>
<td>None observed</td>
<td>ABE</td>
</tr>
<tr>
<td>Work Area</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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</tbody>
</table>

Air Measurements

<table>
<thead>
<tr>
<th>Location</th>
<th>CFM</th>
<th>Location</th>
<th>CFM</th>
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</thead>
</table>

Remarks: 0% CH4, 20.8% O2, 0.0 ppm CO detected
Track, Travel way OK At Time of exam

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

Signed By:  
Assistant Foreman:  
Mine Manager—Mine Foreman:  
Assistant Foreman:  
Superintendent or Assistant:  

**Date**: 12-27-09  
**Time**: 11:10 a.m. or P.M.
Use indelible pencil or ink.

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Date: ____________________  Shift: ____________________  Area or Section: ____________________

Violations and other Hazardous Conditions Observed and Reported

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Examinations for Methane in Working Places

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Number of Bolts Tested: ____________________
Number of Bolts Torqued Above Range: ____________________
Number of Bolts Torqued 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: ____________________
# Pre-shift Mine Examiner's Report

Date of Examination: 12-26-07

Time of Examination: from S:29 a.m. to S:59 a.m.

Location | CFM | Violation or Hazardous Condition | Action Taken
--- | --- | --- | ---
1. | OX | None, 2X | None
2. | OX | None, 2X | None
3. | OX | None, 2X | None
4. | OX | None, 2X | None
5. | | | 
6. | | | 
7. | | | 
8. | | | 
9. | | | 
10. | | | 

Air Measurements

Location | CFM
--- | ---

Remarks: OXYGEN APPROX 20.35 AT 12:00 A.M. AT THE 14 FT. LEVEL

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:

Pre-shift Mine Examiner

Countersigned:

Mine Manager - Mine Foreman

Assistant Foreman

Certificate No.

Assistant Foreman

Certificate No.

Superintendent or Assistant
### Daily and Onshift Report

**Mine Foreman or Assistant**

**Date**

**Shift**

**Area or Section**

---

### Violations and Other Hazardous Conditions Observed and Reported

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### Examinations for Methane in Return Aircourses

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Number of Bolts Tested: __________________

Number of Bolts Torqued Above Range: __________________

Below Range: __________________

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

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

---

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant
Date of Examination: 12-28-09 20 Section or Area Examined: LW Const.
Time of Examination: from 12:00 a.m. or 6:00 a.m. or 6:00 a.m.
Was this report phoned to outside: Yes no
By whom received (Signed)
Report received by

<table>
<thead>
<tr>
<th>Location</th>
<th>CH4</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1. Changes</td>
<td>0%</td>
<td>None Observed</td>
<td>NONE</td>
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<tr>
<td>2. D-Box's</td>
<td>0%</td>
<td>None Observed</td>
<td>NONE</td>
</tr>
<tr>
<td>3. Power Center</td>
<td>0%</td>
<td>None Observed</td>
<td>NONE</td>
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<tr>
<td>4. Work Area</td>
<td>0%</td>
<td>None Observed</td>
<td>NONE</td>
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Air Measurements

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<tr>
<th>Location</th>
<th>CFM</th>
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<tbody>
<tr>
<td>Good Air Movement</td>
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</table>

Remarks: 0% CH4, 20.8% O2, 0 ppm CO. Detected at exam. Track & Travelways Clean.

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

Signed By: Scott Mathews 37667
Assistant Foreman
Countersigned: William Miller 33139
Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant
<table>
<thead>
<tr>
<th>Date</th>
<th>Shift</th>
<th>Area or Section</th>
<th>Location</th>
<th>Violations and other Hazardous Conditions Observed and Reported</th>
<th>Action taken</th>
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**Examinations for Methane in Working Places**

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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

Date of Examination 12-29-69 20:50 Section or Area Examined L.W. Const.
Time of Examination: from 8:45 a.m. or 6:45 P.M. to 11:00 a.m. or 10:00 P.M.
Was this report phoned to outside: Yes  no
By whom:  STEVE. COMBELL  Time A.M 11:00 P.M.
Report received by 02-31-1947 A

(Signed)

<table>
<thead>
<tr>
<th>Location</th>
<th>CH4</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<tr>
<td>2.</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<td>3.</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<td>4.</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<tr>
<th>Location</th>
<th>CFM</th>
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<tr>
<td>GOOD AIR MOVEMENT</td>
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</table>

Air Measurements

Location | CFM
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Remarks: 0% CH4, 20.8% O2, UPM CO DETECTED
Track, Travelways, OK at time of exam

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

Signed By:  

Assistant Foreman:  

Countersigned:  

Mine Manager - Mine Foreman:  

Assistant Foreman:  

Superintendent or Assistant:  

02-31-1947 A
<table>
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**Examinations for Methane in Working Places**

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Number of Bolts Tested __________________________
Number of Bolts Torqued Above Range __________________________
Below Range __________________________
If majority of bolts tested in any working place falls outside approved torque range, state what action was taken __________________________

Remarks (Statement as to General Conditions of Mine or Area of Mine) __________________________
**PRESHIFT-MINE EXAMINER'S REPORT**

Date of Examination: 12-29-69  
Section or Area Examined: Total Area

Time of Examination: from 2:40 A.M. to 6:30 A.M. or p.m.

Was this report phoned to outside: Yes  
By whom:  
Time: 3:30 A.M. P.M.  
Report received by:  
(Signed)

---

### Violations and other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>CHA</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
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<tbody>
<tr>
<td>Lower Section</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<td>0- Zone</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<td>Charged</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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<td>Work Area</td>
<td>0%</td>
<td>None observed</td>
<td>None</td>
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### Air Measurements

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<th>Location</th>
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<th>Location</th>
<th>CFM</th>
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<tbody>
<tr>
<td>Good Air Movement</td>
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**Remarks:**
OK CFM approx 3082 at start of shift, 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:  
Assistant Foreman  
Certificate No.

Countersigned:  
Mine Manager or Foreman  
Certificate No.

---

Superintendent or Assistant
### Daily and Onshift Report

**Mine Foreman or Assistant**

Report shall be signed when made.

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

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**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 Certificate No:  
PRESHIFT-MINE EXAMINER'S REPORT

Date of Examination: 12-29-07
Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.
Section or Area Examined: LW Const.

Was this report phoned to outside: Yes [ ] No [X]
By whom: 
Report received by: 
(Signed) 

Location: CH4
Violation or Hazardous Condition: None
Action Taken: None

1. Power Center
2. D-Boxs
3. Changeo
4. Work Area

Air Measurements

Location: Good Air Movement
CFM: 

Remarks: 0% CH4, 20.8% O2, Oppn CO Detected at EXAM
TRACK 4-Travelways Clean

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

Signed By: Scott Halstead, Preshift-Mine Examiner
Certificate No.: 37867

Countersigned: [Signature]
Certificate No.: [Signature]
Assistant Foreman

33584
Assistant Foreman

37867
Assistant Foreman

33584
Assistant Foreman

Superintendent or Assistant
<table>
<thead>
<tr>
<th>Location</th>
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**Examinations for Methane in Return Aircourses**

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine):
### Preshift-Mine Examiner's Report

**Date of Examination:** 12/29/09  
**Section or Area Examined:**  
**Time of Examination:** 8:30 a.m. to 12:00 a.m.  
**Was this report phoned to outside:** No  
**By whom:**  
**Report received by:**  

#### Violations and Other Hazardous Conditions Observed and Reported

<table>
<thead>
<tr>
<th>Location</th>
<th>Violation or Hazardous Condition</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PC5</td>
<td>None Observed</td>
<td>none</td>
</tr>
<tr>
<td>2. OCB</td>
<td>None Observed</td>
<td>none</td>
</tr>
<tr>
<td>3. Charge</td>
<td>None Observed</td>
<td>none</td>
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<tr>
<td>4. Work Area</td>
<td>None Observed</td>
<td>none</td>
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#### Air Measurements

<table>
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<tr>
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**Remarks:** 02/04 OTCO 20/27 02  
**Travels 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:**  
**Countersigned:**  
**Certificate No.:**  
**Assistant Foreman:**  
**Certificate No.:**  
**Superintendent or Assistant:**
# Daily and ONShift Report

**Mine Foreman or Assistant**

**Date**

**Shift**

**Area or Section**

**Violations and other Hazardous Conditions Observed and Reported**

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**Examinations for Methane in Working Places**

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**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

Date of Examination: 12-20-69
Time of Examination: from 8:00 A.M. to 12:00 Noon

Section or Area Examined: Wall

Was this report phoned to outside? Yes  No

By whom: Shift Foreman

Report received by: (Signed)

Violations and other Hazardous Conditions Observed and Reported

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<tr>
<th>Location</th>
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<tr>
<td>Power Center</td>
<td>None</td>
<td>None</td>
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<td>Chute</td>
<td>None</td>
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Air Measurements

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Test: Turbulent, No dust at time of test

Remarks: Dust, spindles, 20-25 lbs. detected at time of exam.

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

Signed By: [Signature]
Certificate No: [Number]

Countersigned: [Signature]
Certificate No: [Number]

Assistant Foreman
Assistant Foreman

Superintendent or Assistant
[Signature] 13544
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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

Date of Examination: 10-30-09
Time of Examination: 3:00 a.m. or 7:00 a.m. or 11:00 a.m.
Was this report phographed outside: Yes. No.
By whom: Bill Campbell
Report received by: George Curry
(Signed)

Location | Violation or Hazardous Condition | Action Taken
--- | --- | ---
1. Power Center | None | None
2. D-Box | None | None
3. Work Area | None | None
4. Chargers | None | Reported
   (t. timber mark area) | None Observed
   (in. mouth of stang) | None Observed
7. | | |
8. | | |
9. | | |
10. | | |

Air Measurements

| Location | CPM | Location | CPM | Location | CPM |
--- | --- | --- | --- | --- | --- |
Good Air Minered | | | | | |

Remarks: O2 < 14%, 20.8% CO2, Oppn CO detected @ exam
track & travel: very clean
went over page 4.5.6. of roof control. plan

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: Peerless Mine Examiner
Countersigned: Mine Manager—Mine Foreman

--- | --- | ---

Superintendent or Assistant