

Started 4-2-10

# PRESHIFT - ONSHIFT and DAILY REPORT

# Barrier

Company Performance

Mine UBB

SECTION Barrier

LOCATION Naoma Raleigh WV  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 4-2 20 10 Section or Area Examined Barnier  
 Time of Examination: from 12 a.m. or 6 p.m. to 3 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought Outside  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Talle</u>		
2. <u>Belts Talle</u>		
3. _____		
4. <u>Power Boxes, Chargers</u>		
5. <u>Pumps Clear At exam</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

### Air Measurements

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
0% CH4, 0% CO, 20.8% O2  
Track, Travelway, Chargers, Pumps clear At Time of exam

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

Signed By Jacq Stewart Preshift-Mine Examiner Certificate No. 39199 Assistant Foreman  
 Countersigned Rich Talle Mine Manager—Mine Foreman Certificate No. 23236  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2-20 Section or Area Examined Bonnie Sector  
Time of Examination: from 8:00 a.m. or p.m. to 9:45 a.m. or p.m.  
Was this report phoned to outside: Yes no X  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. Section Idle	all clear at limit of exam O <sub>2</sub> CH <sub>4</sub> O <sub>2</sub> 20.8%	Reported
3. Belts Idle		
4. Powerboxes, Chargers, pumps		
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Good air movement	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CH<sub>4</sub> 0% CO<sub>2</sub> 0% O<sub>2</sub> 20.8%

Track, Travelways, Chargers, Pumps etc at limit 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 Bruce Bealott 37074 Assistant Foreman Certificate No.  
Countersigned Rich Palmer 28234 Mine Manager - Mine Foreman  
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-3 20 10 Section or Area Examined Barrier Section  
Time of Examination: from 300 a.m. or p.m. to 400 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Section Siller	cell clear at time of exam 0% CH4 0% 20.8%	Reported
2. Belts Siller		
3. Powerboxes		
4. Chargers		
5. Pumps		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: CH4 0% CO2 0% O2 20.8%

Track, Travelway, Charger Pumps 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: Beno Bueh 37074 Preshift-Mine Examiner Certificate No.  
Countersigned: Rick Foster 28734 Mine Manager - Mine Foreman Assistant Foreman Certificate No.  
Assistant Foreman

Lacy Stewart 39199

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date Sept 2 Shift 1st Area or Section 2nd

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-3 20 10 Section or Area Examined Barmer Section
Time of Examination: from 12 a.m. or 6 a.m. to 3 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Brought Outside Time A.M. P.M.
Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. Section Idle, Belts; 2. Idle, Power Boxes; 3. Chargers, pumps clear; 4. At exam.

Air Measurements

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

Remarks: 0% CH4, 0% CO, 20.8% O2
Track, Travelway, chargers, pumps clear At exam

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

Signed By Joey Stewart Preshift-Mine Examiner Certificate No. 39199
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28734
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 4-3 2010 Section or Area Examined Barrier Section  
Time of Examination: from 8:00 a.m. or p.m. to 9:45 a.m. or p.m.  
Was this report phoned to outside: Yes no no x  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by Brought Outside  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

1. \_\_\_\_\_
2. \_\_\_\_\_
3. Section's Belts Idle
4. Powerbanks Chargers, pumps
5. all clear at time of report
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Reported

Air Measurements

Location CFM Location CFM

Good air movement

Remarks: CH4 0.0 0% CO 20.8% O2

Track, Travelways, Chargers, pumps clear at time of report

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 Bruce Beal 37074 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned Rick Miller Mine Manager—Mine Foreman Certificate No. 28734  
Andy Johnson Assistant Foreman Certificate No. 29611 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-4-74 Section or Area Examined Barrier Section
Time of Examination: from 9:14 a.m. to 9:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bruce Brackette Time 9:50 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of observations such as 'CH4 0%', '20.8% O2', 'none observed', 'Reported', 'scrub cut', 'needs cleaned and dusted', 'needs cleaned'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry: 'LOB' with '17,320' CFM.

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected
Track, Travelways, Pumps, Charges, Power centers, OK
At time of exam

Water on track going up to section
Ribs flaking off in some places

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. 32074
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 23236
Assistant Foreman [Signature] Certificate No. 24197
Superintendent or Assistant [Signature] Certificate No. 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-5 Shift owl Area or Section Banner Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>SA</u>	<u>SCOMP</u>	<u>Prohibit</u>
4. _____	_____	_____
5. <u>6</u>	<u>need chert + power</u>	<u>power</u>
6. <u>2</u>	<u>need chert</u>	<u>power</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]  
Assistant Mine

3/1/17  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

W.W. 4-5-10

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-5-10 Section or Area Examined Ballies  
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom JOE GOON Time 555 A.M. P.M.  
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
20.802		
#1, 2, 3, 0.0%ch4	None observed	Ref
4h, 0.0%ch4-20.802	None observed	Ref
5R 0.0%ch4-20.802	Scrap cut	Tagged
6-0.0%ch4-20.802	Need cleaned	Ref
7-0.0%ch4-20.802	Need cleaned & dusted	Ref
	Section has soft ribs-	Ref
Air Chamber	clead	Ref
Intake Phone	ok	Ref

Air Measurements

Location	CFM	Location	CFM
hob-	22.116		

Air moving in Right direction - sweeping Right to left

Remarks: power center - chargers - travelways - haulage ways  
all clead time of exam

20.802  
0.0%ch4  
0%co2

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 Joe Goon 31147 Preshift Mine Examiner Certificate No.  
Countersigned Jack Martin 28734 Assistant Foreman Certificate No. 37793  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-5-10 Shift DAY Area or Section BARLIES

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-2-3</u>	<u>Name observed</u>	<u>Rep Name</u>
2. <u>4h</u>	<u>Name observed</u>	<u>Name</u>
3. <u>5R-</u>	<u>Scrap cut</u>	<u>Cut + Bolted</u>
4. <u>6-</u>	<u>Need cleaned</u>	<u>Rep</u>
5. <u>7-</u>	<u>Need cleaned &amp; dusted</u>	<u>Rep</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>735-805A</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>935-1005A</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>1135-1205P</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>135-205P</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>730AM</u>	<u>0%</u>	6.		
2. <u>Return</u>	<u>1130AM</u>	<u>0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 10      0 Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP, Pg 4. #10-11-12 w/crew at start of shift

Jack M... 37793 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-5-10 Section or Area Examined BARRIES
Time of Examination: from 2:15 a.m. or 2:55 p.m. to 3:45 p.m.
Was this report phoned to outside: Yes no
By whom carried out Time 3:45 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries regarding methane levels and cleaning requirements.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten notes about air flow direction and measurements at LAB.

Remarks: Power center charges - travel ways - haulage ways - all clear time of exam

20.802
0.0% ch4
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 Jack Martin Fresh-Mine Examiner Certificate No. 37793
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant