

Started 3-2-10 r

# PRESHIFT - ONSHIFT and DAILY REPORT

## Finished 3-19-10

Company Performance Coal

Mine Upper Big Branch

SECTION HE #23 T622

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 3-2-10 20 Section or Area Examined HG# 23
Time of Examination: from 1 a.m. or 6 a.m. to 2 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Steve Harrah Time 2:35 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 3 entries: 1. 20.8% CH4, None observed, None; 2. 20.8% CH4, Part Bolted, Reflectors; 3. 20.8% CH4, SCRAP cut, Reflectors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: LOB, 39,385.

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam
Tunnels, walkways, haulways, powerlines, chaises and outby shelter clear at time of exam
Intake Phone ok at exam time

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

Signed By Steve Harrah 39058-08 Brian Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 33359
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 3-2-10 Shift eve Area or Section HC#23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include: 1. None observed, 2. Part Bolted, 3. SCRAP cut.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Multiple rows of data for methane examinations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Data for methane in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 2 of R.C. with copy at start of shift at present

Assistant Mine: Brown Collins, Certificate No. 1543-A; Mine Foreman-Mine Manager: T. Moore, Certificate No. 33359; Superintendent or Assistant: [Signature]

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2-2010 Section or Area Examined Head Gate #2J
Time of Examination: from 10 a.m. or (p.m) to 1050 a.m. or (p.m)
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M 1101 P.M.
Report received by J.Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for oxygen and methane levels at different locations.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for L.O.B with CFM 38,412.

Remarks: P.Center, Chargers, Travelways, Strata Life Shelter, Intake phone - 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 Brian Collins 1543-A Preshift-Mine Examiner Certificate No. 33359
Countersigned T. Moore 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 3-3-10

Shift 3rd

Area or Section H/G, #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. IRight	Part Bolted	None observed when Arrived
2.		
3. 3Face	Scal cut	Bolted - Tagged
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3	150-2Am	0.05%	11.		
2.			12.		
3. 1-3	4Am-415Am	0.05%	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. Return	145Am	0.0%	6.		
2.			7.		
3. Return	355Am	0.05%	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) Road Page 4 Para. 2 of

R.C.P. to crew at 1130 Pm motor Barn

*[Signature]*  
Assistant Mine

1479A  
Certificate No.

*[Signature]*  
Mine Foreman-Mine Manager

3353  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-3 20. Section or Area Examined H623  
 Time of Examination: from 4:00 a.m. or p.m. to 4:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:23 A.M. P.M.  
 Report received by S. Hama (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. IR CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observ	
2. 2 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observ	
3. 2 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	needs cleared dust	Ref
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>L012</u>	<u>29781</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and roadways clear at time of exam  
Orthy shelter clear at time of exam.

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

Signed By J. Thomas Preshift-Mine Examiner Certificate No. 1479A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359  
S. Hama Assistant Foreman Certificate No. 305808  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-3 Shift Day Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:35-8:00</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-3</u>	<u>1:30-2:00</u>	<u>✓</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>7:30</u>	<u>0</u>	6.		
2.			7.		
3. <u>Return</u>	<u>11:25</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 6  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over bolt spacing with crew at 6:30 am.

E. J. Hermal Assistant Mine Certificate No. 39058-08  
T. Mans Mine Foreman-Mine Manager Certificate No. 33359  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-3-10 Section or Area Examined AG-A 23  
 Time of Examination: from 1 a.m. or pm to 2 a.m. or pm.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Hornah Time 240 A.M.  
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. IR 02 004 20.8% 05	needs cleaned & dusted	Reported
2. 2 20.8% 05	NOT Bolted	Reflectors
3. 3 20.8% 020	NONE observed	None
4.		
5. Head Hole 20.8% 0%	SCRAP cut	Reflectors
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	38,500		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> Oppm<sup>co</sup> at time of exam  
travelways, walkways, haulways, powerlines & chargers and  
outly shelter clear at time of exam  
Intake Phone ok at exam time

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

Signed By Steve Hornah Preshift-Mine Examiner Certificate No. 3905806  
 Countersigned Bruce Collins Assistant Foreman Certificate No. 1543-A  
T. Moore 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 3-3-10 Shift eve Area or Section HG#23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1R</u>	<u>Needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
2. <u>2</u>	<u>not tested</u>	<u>tested for future</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. _____	_____	_____
5. <u>Head Hole</u>	<u>scrap cut</u>	<u>mined cut</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>.05 to .15</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>.05 to .15</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>.05 to .15</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1050</u>	<u>.05 to .15</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>628</u>	<u>.05</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1017</u>	<u>.05</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 8  
Number of Bolts Torqued Above Range 0 Below Range 9

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) Read page 4, para 3 of RCP with draw at present at start of shift

Dominic Collins Assistant Mine Certificate No. 1543-0 T. Moore Mine Foreman-Mine Manager Certificate No. 33389 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-3 2010 Section or Area Examined Head Gate 23
Time of Examination: from 10 a.m. or p.m. to 1050 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 1103 P.M.
Report received by J. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 4 rows of handwritten entries regarding face conditions and dusting.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry for L.O.B with a CFM of 39,412.

Remarks: p. center's, chargers, travel ways
Intake phone, Strata Air Box -

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 Brian Collins 1543-A Certificate No. 53357 Assistant Foreman
Countersigned J. Moore 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 3-4-10 Shift 3rd Area or Section H.G. #23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 2 contains handwritten text 'Section Idor'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 for left side, 11-20 for right side.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 for left side, 6-10 for right side.

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)

Handwritten: Read page 4 para 5, 6 to dev at life shelter on section

Assistant Mine, Certificate No. 1477A, Mine Foreman-Mine Manager, Certificate No. 33339, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-4 20 Section or Area Examined H622
Time of Examination: from 4:20 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. J. Thoms Time 5:45 A.M. P.M.
Report received by S. J. Harval (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 1-4 items.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for VOB with CFM 40325.

Remarks: Power Center And Roadways Clear At Time of Exam
by by shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner
Certificate No. 1477A
Assistant Foreman
Countersigned T. Moore Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant [Signature]
Certificate No. 39078-05

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-4 Shift DAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs cleaned dusted</u>	<u>corrected</u>
2. <u>2R</u>	<u>scrap</u>	<u>11</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:25-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:40-10:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</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>7:30</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 16 para 1-2 with

[Signature] Assistant Mine 39008-08 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. \_\_\_\_\_ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-4-10 20. Section or Area Examined HG-# 23  
 Time of Examination: from 1 a.m. or 9 a.m. to 1:35 a.m. or PM  
 Was this report phoned to outside: Yes 2 no  
 By whom Steve Harrah Time 2:35 PM  
 Report received by Brian Collins 1643-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken	
1.	<u>1</u>	<u>20.8</u>	<u>0.10</u>	<u>SCRAP CUT</u>	<u>Reflectors</u>
2.	<u>2B</u>	<u>20.8</u>	<u>0.20</u>	<u>Needs cleaned + dusted</u>	<u>Reported</u>
3.	<u>3</u>	<u>20.8</u>	<u>0.20</u>	<u>needs cleaned + dusted</u>	<u>Reported</u>
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>32,640</u>		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0ppm<sup>CO</sup> at time of exam

Travellways, walkways, haulways, powered, chutes and outby shutes clear at time of exam

Intake phone ok at exam time

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. 39055-08  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357  
Brian Collins Assistant Foreman Certificate No. 1543-A  
Jack L. [Signature] Superintendent or Assistant Certificate No. 39-344-09

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-4-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>SCRAP cut</u>	<u>Mined</u>
2. <u>2R</u>	<u>needs cleaned &amp; dusted</u>	<u>Cleaned &amp; dusted</u>
3. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>Cleaned &amp; dusted</u>
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>4:55-5:25</u>	<u>.05 to .20</u>	11.		
2.			12.		
3. <u>1-3</u>	<u>6:30-7:00</u>	<u>.05 to .20</u>	13.		
4.			14.		
5. <u>1-3</u>	<u>8:30-9:00</u>	<u>.05 to .20</u>	15.		
6.			16.		
7. <u>1-3</u>	<u>10:00-10:30</u>	<u>.05% - 20%</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>6:29</u>	<u>.05</u>	6.		
2.			7.		
3. <u>Return</u>	<u>10:29</u>	<u>.05</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 12  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk at meeting on test holes

Scott Starks 39344-09  
Assistant Mine Foreman Certificate No.  
Bruce Collins 1543-A

T. Moore 39257  
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 3-4-10 Section or Area Examined H-G-23  
 Time of Examination: from 10 a.m. or (p.m.) to 1045 a.m. or (p.m.)  
 Was this report phoned to outside: Yes (X) no \_\_\_\_\_  
 By whom Scott Barnett Time 11:14 A.M. P.M.  
 Report received by J. Thomas 1477-A  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Face 0.10% CH <sub>4</sub> 20.8% O <sub>2</sub>	Scrap cut	Rebolted
2. Face 0.05% CH <sub>4</sub> 20.8% O <sub>2</sub>	Part Bolted	" "
3. Face 0.05% CH <sub>4</sub> 20.8% O <sub>2</sub>	needs cleaned dusted	" "
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
L.O.B.	32,960		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: P. center, Chargers, travel ways, Strata Life Shelter  
Intake phone - clear at time of exam.  
O<sub>2</sub> CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Scott Barnett Certificate No. 39-314-09  
 Freshift-Mine Examiner Assistant Foreman  
 Countersigned T. Moore Certificate No. 1477-A  
 Mine Manager—Mine Foreman Assistant Foreman  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-5-10 Shift 0<sup>th</sup> Area or Section H.F. 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 Para. 6, 7  
to crew at 130 pm.

[Signature] Assistant Mine  
147A Certificate No.  
T. Moore Mine Foreman-Mine Manager  
33357 Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 20   Section or Area Examined H623  
 Time of Examination: from 4:15 a.m. or p.m. to 4:45 a.m. or p.m.  
 Was this report phoned to outside: Yes    no     
 By whom S. Thomas Time 8:55 A.M. P.M.  
 Report received by S. Honal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH4 .05% 0220.8%</u>	<u>SCIAL</u>	<u>Ref.</u>
2. <u>2 CH4 .05% 0220.8%</u>	<u>NOT BOTTED</u>	<u>Ref.</u>
3. <u>3 CH4 .05% 0220.8%</u>	<u>none observe</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOP</u>	<u>34800</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter And Roadways Clear At Time of Exam  
cutby shelter clear At Time of Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman Certificate No. 39008-08  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-5 Shift PM Area or Section TG22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>SCIP</u>	<u>corrected</u>
2. <u>2</u>	<u>NOT bolted</u>	<u>//</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:15-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</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. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over pg. 4 para 7-9 with

[Signature]  
Assistant Mine

39058-16  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33859  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-5-2010 Section or Area Examined TG 22  
Time of Examination: from 1:00 a.m. or P.M. to 2:00 a.m. or P.M.  
Was this report phoned to outside: Yes  no  
By whom Steve Harrah Time A.M. 2:10 P.M.  
Report received by Wayne Persinger 34877 (Signed)

1.	Violations and other Hazardous Conditions Observed and Reported		Violation or Hazardous Condition	Action Taken
	Location	CH <sub>4</sub> % O <sub>2</sub> %		
#1	.1	20.8	None Observed	Reported
#2	.1	20.8	Not Bolted	Reflector
#3	.1	20.8	Not Bolted	Reflector
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Location	Air Measurements		Location	CFM
	CFM			
LOB	33,765			

Remarks: Power Center, Roadways, Chargers and Shelter clear at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] Preshift-Mine Examiner Certificate No. 33357  
Countersigned T. Moore Mine Manager - Mine Foreman Assistant Foreman Certificate No. 39344-09  
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 3-5-00 Shift Ev Area or Section Tsilegste 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2	.1% ch <sup>4</sup> Not bolted	Bolted
2. #3	.1% ch <sup>4</sup> Not bolted	Bolted
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3	500-530	.10	11.		
2.			12.		
3. 1-3	700-730	.10	13.		
4.			14.		
5. 1-3	900-930	.10	15.		
6.			16.		
7. 1-3	1000-1030	.10	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Return	455	.05%	6.		
2. L Return	955	.05%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 11  
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Sooty talk on Roof & Rib & Hazards of section.

[Signature] Assistant Mine 39344-09 Certificate No. T. Mana Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-5 20 10 Section or Area Examined TG 22  
 Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom S. Barnett Time 11:00 A.M. P.M.  
 Report received by T. Johnson 29011  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry 0.5 CH4	non-obvious	none
2. #2 0.10 CH4	part bolted	reflecter
3. #3 0.20 CH4	SCRAP OUT	reflecter
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>32,680</u>		

Remarks: 20/800 CO2 0% CH4  
Haulage & Trunkways clear of exam  
Lower Center Clear - charger & shelter 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] 39344-09 Assistant Foreman  
 Preshift-Mine Examiner Certificate No.  
 Countersigned T. Moore 33387 Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 3-6 20. Section or Area Examined H623/T622  
 Time of Examination: from 4:45 a.m. or p.m. to 5:15 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:15 A.M. P.M.  
 Report received by S. Hama (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> 0.5%</u>	<u>none observe</u>	
2. <u>1R CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>needs add'l cleaning</u>	<u>Ref</u>
3. <u>2 CH<sub>4</sub> 0.5% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
4. <u>3 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>NOT Bolted</u>	<u>Ref</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>41376</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter And Roadways Clear At time OF exam  
Outby's Helder 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 \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 337257  
 \_\_\_\_\_ Assistant Foreman Certificate No. 32058-08  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4/6 Shift Day Area or Section T622 / H622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>1R</u>	<u>needs Add'l cleaning</u>	<u>Ref</u>
3. <u>3</u>	<u>NOT Be Hood</u>	<u>Ref</u>
4. _____	_____	_____
5. <u>sect. Idle</u>	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:40-7:55</u>	<u>Ø</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>11:30-12:00</u>	<u>Ø</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>1:30-2:00</u>	<u>Ø</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:45</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:35</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had SAFETY TALK ABOUT SETTING needs with crew and EXAMINING WORK AREA AT 6:30AM

[Signature] Assistant Mine Certificate No. 3905-06 [Signature] Mine Foreman-Mine Manager Certificate No. 33357 Superintendent of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-6-10 Section or Area Examined HO # 23 / TG-22
Time of Examination: from 1 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Horrah Time A.M. 2:40 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 2, and 3 with violations like 'needs Add cleaning', 'gabin Face', and 'NOT Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with a CFM value of 34390.

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam
Roadways clear from truck to haul
travelways, walkways, haulageways, powerlines, Chaugens
and utility shutoff clear at time of exam
Intake phone ok at exam time

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] 32058-08 Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 33357
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 3-6-10 Shift Even Area or Section HG# 23 / TG 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>1B</u>	<u>needs Add cleaning</u>	<u>Reported</u>
3. <u>2</u>	<u>gap in Face</u>	<u>cleaned up gap</u>
4. <u>3</u>	<u>NOT Bolted</u>	<u>Reflective</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0.10</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0.10</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>0.10</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1055</u>	<u>0.10</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>230</u>	<u>0.10</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1037</u>	<u>0.10</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

had safety meeting with crew about refusing glass of punch paints working around bench

Dime Collins  
Assistant Mine

1543A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33302  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-6 2010 Section or Area Examined HG #23 / TG #22  
Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Brian Collins Time A.M. 1058 P.M.  
Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	02	Ch4	Violation or Hazardous Condition	Action Taken
1.	1	20.8%	.10	None observed	None
2.	1R	20.8%	.10	Needs additional cleaning	Reported
3.	2	20.8%	.10	Needs added cleaning & dusting	Reported
4.	3	20.8%	.10	Not Bolted	Reflected, Reported
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
LOB	34,610		

Remarks: 20.8% O2, .1% Ch4, 0% CO AT TOE

Roadway from ramp trip to section clean  
Powercater, travelways, chargers, outby chamber and phone 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543-1A  
Countersigned T. Williams Mine Manager-Mine Foreman Certificate No. 38359  
Tim Williams Assistant Foreman Certificate No. 1659A  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-7 Section or Area Examined HG#23 TG#22  
 Time of Examination: from 12:50 a.m. or 10 p.m. to 1:00 a.m. or 10 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Deely Time A.M. 2:30 P.M.  
 Report received by Jay Stewart 39199 (Signed)

## Violations and other Hazardous Conditions Observed and Reported

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

## Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>30,480</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

### Remarks:

0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 20.8% O<sub>2</sub>  
Track, Tramway, Changers, Powercenter, Air Chamber, Phone  
OK 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 Johnny Deely Certificate No. 33472  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager—Mine Foreman  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. \_\_\_\_\_ Superintendent of Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-7 / 10:00 / 10 Section or Area Examined #G23  
 Time of Examination: from 10:00 a.m. or p.m. to 10:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Scagg Time 2:44 A.M. P.M.  
 Report received by T. Peterson (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 O <sub>2</sub> CH <sub>4</sub>	none observed	none
2.	2 O <sub>2</sub>	none observed	none
3.	3 O <sub>2</sub>	reed bolted	replaced
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
LOB	41360		

Remarks: No CH<sub>4</sub> detected O<sub>2</sub> 20.80% CO<sub>2</sub>  
Fresh Air Bay clear + phone  
Power Center clear  
Haulage + travel way'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] Preshift-Mine Examiner Certificate No. 32176  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33957  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Assistant Foreman Certificate No. 1477A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8-10 Shift 3rd Area or Section H-6-23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

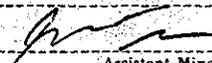
Examinations for Methane in Return Aircourses

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

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

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

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

  
Assistant Mine

1479-A  
Certificate No.

  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-8 2010 Section or Area Examined NG23  
 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 JASON THOMAS Time 533 (A.M.) P.M.  
 Report received by George Curry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1 CH4% 0.20.8%</u>	<u>none observed</u>	<u>none</u>
<u>#2 CH4% 0.20.8%</u>	<u>none observed</u>	<u>none</u>
<u>#3 CH4% 0.20.8%</u>	<u>not batted</u>	<u>reflected</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>40,371</u>		

Remarks: 0% CH4, 0% CO, 20.8% O2, track, travelways, pc's, chargers clear at exam. Fresh Air Bay clear

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479-A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman Certificate No. 39058-08  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8 Shift Day Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	<u>NOT BOLTED</u>	<u>Bolting &amp; cleaned</u>
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:45-8:00</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-3</u>	<u>1:30-2:00</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>L Return</u>	<u>7:40</u>	<u>0</u>	6.		
2.			7.		
3. <u>Chen</u>	<u>11:25</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 6 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over pg 5 para 2-4

[Signature] Assistant Mine 3058-08 Certificate No. T. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-8-10 Section or Area Examined MG # 23 / TG 23
Time of Examination: from 1 a.m. or 6 a.m. to 2 a.m. or 9 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Harrah Time A.M. 240
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, CH4, Violation or Hazardous Condition, Action Taken. Contains 3 entries: 1. Location 02, O2 20.8, CH4 10%, Violation water in face, Action Reported; 2. Location 20.8, O2 10%, Violation mat bolted, Action Reflective; 3. Location 20.8, O2 10%, Violation water in face, Action Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry: Location LOB, CFM 35,000.

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam
tunnelways, walkways, haulageways, powerlines, choppers and outby shelter clean at time of exam
Roadways from truck to section clean at exam time

Intake Phone ok at time of exam

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

Signed By [Signature] Certificate No. 305808 Assistant Foreman Brian Collins Certificate No. 1543-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33357
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 3-8-10 Shift Even Area or Section HG 23 / TG 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>swelter in face</u>	<u>Reported</u>
2. <u>2</u>	<u>mat batted</u>	<u>lulled to face</u>
3. <u>3</u>	<u>swelter in face</u>	<u>lulled out</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>.10</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>.10</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>.10</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1050</u>	<u>.10</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>649</u>	<u>.10</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1037</u>	<u>.10</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

absent at shift at power center

Read page 4, part 6 of R.R. with new

Brian Collins  
Assistant Mine

1543A  
Certificate No.

T. Moran  
Mine Foreman-Mine Manager

3359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-8 Section or Area Examined HG #23 / TG #22
Time of Examination: from 1000 a.m. or p.m. to 1050 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BRITNEY COLLINS Time A.M. 11:00 P.M.
Report received by Jim Sullivan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, Location, % CH4, % O2, Violation or Hazardous Condition, Action Taken. Contains entries for locations 02 and CH4 with observations like 'WATER IN FACE, but PASSABLE' and 'Scrap cut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry for LOB with CFM 33,810.

Remarks: 0% CH4, 20.8% O2, 0% CO
TRAVELWAYS, WALKWAYS, HOVLAGEWAYS, POWERCENTERS, CHARGERS, and sub Y shelter, intake phone OK AT TOE.
Roadways from track to section clear 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 Britney Collins Preshift-Mine Examiner Certificate No. 1543A
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33357
Assistant Foreman Jim Sullivan Certificate No. 1659A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made.

Date 3-9-10 Shift 3rd Area or Section T-G 22

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]  
Assistant Mine

1479-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33359  
Certificate No.

\_\_\_\_\_  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-9 20. Section or Area Examined T622  
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Thomas Time 6:07 (A.M.) P.M.  
 Report received by A. Harnal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> .05% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
2. <u>CH<sub>4</sub> .05% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
3. <u>CH<sub>4</sub> .1% O<sub>2</sub> 20.8%</u>	<u>Add'l Cleanings &amp; dusting</u>	<u>Ref</u>
4. <u>CH<sub>4</sub> .05% O<sub>2</sub> 20.8%</u>	<u>SCRAP</u>	<u>Ref.</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>38764</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center, chargers and roadways clear at time of exam

Outby's Hopper clear at time of exam

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

Signed By [Signature] Certificate No. 1479A  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 33359  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
[Signature] Superintendent or Assistant  
[Signature] Certificate No. 3405808

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-9 Shift Day Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>2R</u>	<u>needs add'l clean</u>	_____
4. <u>3</u>	<u>SC/41</u>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:40-8:00</u>	<u>Ø</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>Ø</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>Ø</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</u>	<u>Ø</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>7:25</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 4  
Number of Bolts Torqued Above Range Ø Below Range Ø

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 EXAM-18 work

Area with crew At 6:30 AM

[Signature] Assistant Mine 32058-08 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-9-2010 20. Section or Area Examined TG 22  
Time of Examination: from 1 a.m. or 9 to 2:10 a.m. or PM.  
Was this report phoned to outside: Yes 9 no ---  
By whom Steve Harrah Time 3:13 A.M.  
Report received by Bruce Callard 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported.

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>02 CH4</u> <u>20.8 0.5</u>	<u>water in face</u>	<u>Reported</u>
2.	<u>20.8 0%</u>	<u>N/A</u>	<u>none</u>
3.	<u>20.8 0%</u>	<u>needs cleaned &amp; dusted</u>	<u>Reported</u>
4.			
5.	<u>Wide Entry 1BK in by head in belt entry</u>		<u>Reflected</u>
6.			
7.	<u>cutby corner at fudge needs 3 cuts built</u>		<u>Reflected</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>39,980</u>		

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam  
Roadway from truck to bottom door at TOE  
tunnels, walkways, haulage ways, power cables, choppers  
and entry shelter done at time of exam

Intake Phone ok at exam time

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] 3905808 Bruce Callard 1543-A  
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] 33359  
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 3-9-10 Shift Eve Area or Section T6 #22

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_



Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-9-00 Shift Day Area or Section T022

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 3-10 2010 Section or Area Examined Tail Gate 22
Time of Examination: from 3:50 a.m. or p.m. to 4:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time 5:10 A.M. P.M.
Report received by Brought out by Jason Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '#1 Face 20.8% O2 0.09% CH4 H2O in Face Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'L.O.B. 40,183'.

Remarks: p. center, chargers, travel ways } Intake phone strata life shelter } clear out time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1499
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33359
Assistant Foreman [Signature] Certificate No. 59258-08
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-10 Shift RAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include 'water in face' and 'weeds closed off'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries show times like 7:35-8:00 and 9:30-10:00 with methane content marked as 0.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries show locations like 'L Return' and 'R Return' with times 7:30 and 11:25.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) none over Pg. 14 para 1 & 2 with

Signatures and stamps: Assistant Mine, Certificate No. 39008/08, Mine Foreman-Mine Manager, Certificate No. 35559

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10-2010 Section or Area Examined Tailgate 22
Time of Examination: from 1 a.m. or 9 a.m. to 2:15 a.m. or 4:50 p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Herron Time A.M. 2:30 P.M.
Report received by Bruce Collins (Signed) 1543-A

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 2, and 3.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB with CFM 39,390.

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam
Railway from truck to section clear at time of exam

Tunnels, haulage ways, walkways, pulverizers, choppers and
outby shelter clear at time of exam
Intake Phone 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 [Signature] Certificate No. 3335
Countersigned [Signature] Mine Manager--Mine Foreman
Assistant Foreman Bruce Collins 1543-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-10-10 Shift me Area or Section Lutzgute 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>water in face</u>	<u>Reported</u>
2. <u>2</u>	<u>Part bolted</u>	<u>Went to face</u>
3. <u>3</u>	<u>N/O</u>	<u>none</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0.10%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0.10%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>0.10%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1050</u>	<u>0.05 to 0.10%</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>630</u>	<u>0.10%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1012</u>	<u>0.10%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fixed pump 4 part 3 of RCP with crew at power center at start of shift

Brian Collins Assistant Mine Certificate No. 1543-A  
T. Mack Mine Foreman-Mine Manager Certificate No. 33357  
Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-10 2010 Section or Area Examined H622  
 Time of Examination: from 10:15 a.m. or p.m. to 10:50 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom B. Collins Time 11:00 A.M. P.M.  
 Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>.010% CH4 20.8 water</u>	<u>Rep.</u>
<u>2LT. X</u>	<u>.05% CH4 20.8 SCRAPER</u>	<u>Reflection</u>
<u>3</u>	<u>.05% CH4 20.8 mud clean &amp; dusted</u>	<u>Rep.</u>
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>NOB</u>	<u>36,412</u>		

Remarks: 20.5oz CO2  
Haulage & Transfer areas clean at exam.  
Fresh AIR By & Phone 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 B. Collins Certificate No. 1543-A  
 Preshift-Mine Examiner  
 Countersigned T. Moore Certificate No. 33357 Assistant Foreman  
 Mine Manager—Mine Foreman  
Chapman Assistant Foreman  
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 3-11 20 1974 Section or Area Examined T622  
 Time of Examination: from 4:15 a.m. or p.m. to 7:25 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:30 A.M. P.M.  
 Report received by S. Hama  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH<sub>4</sub> 10% O<sub>2</sub> 20.8%</u>	<u>none observ</u>	
2. <u>2 CH<sub>4</sub> 10% O<sub>2</sub> 20.8%</u>	<u>none observ</u>	
3. <u>2L CH<sub>4</sub> 10% O<sub>2</sub> 20.8%</u>	<u>needs clean dusted</u>	<u>Ref</u>
4. <u>3 CH<sub>4</sub> 0.5% O<sub>2</sub> 20.8%</u>	<u>needs clean dusted</u>	<u>Ref</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L012</u>	<u>39654</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear AT time of Exam.  
CHargers clear AT time of Exam.  
Out by shelter clear AT time of Exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman Certificate No. 3268-08  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 5-11

Shift DAY

Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. 22	needs cleaned dust	Reb
3. 3	needs cleaned dust	Reb
4.		
5. sect. ID 16 setting head		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3	9:00-9:30	0	11.		
2.			12.		
3. 1-3	11:00-11:30	0	13.		
4.			14.		
5. 1-3	1:00-1:30	0	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. Return	8:55		6.		
2.			7.		
3. Return	12:59		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) Had SAFETY talk about setting head S.

*[Signature]*  
Assistant Mine

3900806  
Certificate No.

*[Signature]*  
Mine Foreman-Mine Manager

33357  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11-2010 Section or Area Examined Teulgate 22  
Time of Examination: from 1 a.m. or p.m. to 2:10 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Steve Harrah Time A.M. 2:35 P.M.  
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	02 20.8	0.10%	N/A	None
2.	20.8	0.05%	N/A	None
3.	2L 20.8	0%	muds cleaned & dusted	Reported
4.	3 20.8	0.10%	muds cleaned & dusted	Reported
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	18,200		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> oppn<sup>o</sup> at time of exam  
Roadways from truck to section clear at time of exam

Trucks, walkways, haulageways, power center, chargers & cutting shelter clear at time of exam  
Intake Phone ok at exam time

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. 3058-06  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 1543-A  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-7-10 Shift eve Area or Section Justice 22

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include 'N/A', 'mud cleaned & dusted', and 'Section Idle NO PRODUCTION'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of methane test data.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of methane test data in return aircourses.

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) had safety meeting about staying

close of punch points at start of shift at end of TR. Signed by Brian Collins (Assistant Mine) and T. Moore (Mine Foreman-Mine Manager).

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11 2010 Section or Area Examined T, G 22  
Time of Examination: from 10 a.m. or p.m. to 1050 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brian Collins Time A.M. 11:10 P.M.  
Report received by S. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0.10% ch4 20.8% CO2	None observed	
2. Face 0.05% ch4 20.8% CO2	None observed	
3. 2 Left X cut 0.05% ch4 20.8% CO2	Needs cleaned Dusted	Reported
4. 3 Face 0.05% ch4 20.8% CO2	Needs cleaned Dusted	Reported
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.O.B	17,412		

Remarks: P-center, chargers, travelways, Intake phone  
Strata Air Bay - 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 Brian Collins 1543-A  
Preshift-Mine Examiner Certificate No. 33354  
Countersigned [Signature] Mine Manager - Mine Foreman  
Assistant Foreman [Signature] Superintendent or Assistant  
Certificate No. 1479-A

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-12-10 Shift 3rd Area or Section T.F. 22

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Talked crew about new

esale ways

[Signature]  
Assistant Mine

1477-A  
Certificate No.

T. Mine  
Mine Foreman-Mine Manager

33559  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12 20 1962 Section or Area Examined T622  
 Time of Examination: from 6:00 a.m. or p.m. to 7:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom S. J. Ha Time 5:45 A.M. P.M.  
 Report received by S. J. Ha (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observe	
2. CH <sub>4</sub> 1% O <sub>2</sub> 20.8%	none observe	
3. 2L CH <sub>4</sub> .05 O <sub>2</sub> 20.8%	needs cleaned & dusted	Rel
4. 3 CH <sub>4</sub> .05% O <sub>2</sub> 20.8%	needs cleaned & dusted	Rel
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19167</u>		
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Remarks: Power center and Roadways clear at time of exam  
Out by shelter and chngers clear at time of exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 390828  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3/12 Shift Day Area or Section TG22

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: 2L, 3 weeds cleaned/dusted, cleaned/dusted.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-7 with handwritten data.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 with handwritten data.

Number of Bolts Tested 10 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) Had safety talk about CO2

Signature of Assistant Mine Foreman, Certificate No. 32058-08, Signature of Mine Foreman, Certificate No. 33357

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10-2010 Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or 6 p.m. to 2:00 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harroch Time 2:30 A.M.  
 Report received by Brian Collins 1543-A  
(Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	02	0.05	dump cut	removed Reflectors
2.	20.8	0.05	muds cleaned & dusted	Repaired
3.	20.8	0.05	N/A	none
4.				
5.				
6.				
7.				
8.				
9.				
10.				

### Air Measurements

Location	CFM	Location	CFM
LOB	34,600		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> Open @ at line of exam  
Roadways from track to section closed at TOE

Trawlways, walkways, haulways, powered, chutes  
and other shutters closed at time of exam  
Intake Phone ok at exam time

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  
 Countersigned: [Signature] Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Assistant Foreman  
 Certificate No. 33357  
 Certificate No. 1543-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-12-10 Shift Even Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap cut</u>	<u>mined out</u>
2. <u>2</u>	<u>nuis cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>.05 to .10</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>.08 to .10</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>.05 to .10</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1050</u>	<u>.05 to .10</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Returns</u>	<u>656</u>	<u>.10</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Returns</u>	<u>1074</u>	<u>.10</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 14  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Head page 4 part 4 of Re. sub  
clean at start of shift & maintained

Bruce Collins Assistant Mine 1513-A Certificate No. T. Moore Mine Foreman-Mine Manager 33357 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-12 2010 Section or Area Examined Tail Gate 22  
 Time of Examination: from 1:00 a.m. or 1:00 p.m. to 1:00 a.m. or 1:00 p.m.  
 Was this report phone to outside: Yes  no   
 By whom Bruce Curtis Time 11:10 P.M.  
 Report received by Bruce Curtis 37074  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <del># Scrap Cut</del>		
2. # 1 CH4 .10 O <sub>2</sub> 20.8%	Scrap cut	Ref off
3. # 2 CH4 .05 O <sub>2</sub> 20.8%	part bolted	Ref off
4. # 3 CH4 .00 O <sub>2</sub> 20.8%	NONE observed	Reported
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>32,212</u>		

Remarks: 20.8 to 0% CH4 O<sub>2</sub> oppm<sup>o</sup> at level of eye  
Roadways of four tracks to section level at level of eye

Tranway, walkways, haulage ways, power cables, charges  
and entry shelter. Seen at level at top of eye  
slutele show ok at level of eye

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 Curtis 1543-R Bruce Curtis 37074  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33259  
 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

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-13 2010 Section or Area Examined TG 22

Time of Examination: from 12:37 a.m. or p.m. to 1:13 a.m. or p.m.

Was this report phoned to outside: Yes  no

By whom John Neely 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. #1	Scrap Cut	Reflected off
2. #2	PART Bolted	Reflected off
3. #3	NONE OBSERVED	NONE
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17,160</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4 0% CO 20.8% O2  
POWER CENTERS, CHARGERS 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 Johnny Neely 33472  
 Preshift-Mine Examiner Certificate No.  
 Countersigned H. Moore 33357  
 Mine Manager—Mine Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-24 2010 Section or Area Examined IG22  
Time of Examination: from 1250 a.m. or p.m. to 112 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom John Wecker Time A.M. 230 P.M.  
Report received by George Curry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1 contains handwritten text: 'No Work - Section Done'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains handwritten text: 'LOB 19560'.

Remarks: 0% CH4, 0% CO, 20.8% O2 track, travelways, pct's charge clean all 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 Johnny Deely 33472 Assistant Foreman Certificate No.  
Countersigned T. M. Mone 33357 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-14-10 Section or Area Examined TG 22  
Time of Examination: from 8:20 a.m. or 9:00 p.m. to 9:00 a.m. or 8:20 p.m.  
Was this report phoned to outside: Yes  no   
By whom John Skaggs Time 10:30 A.M. P.M.  
Report received by Wayne Rensinger 3487 (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported		Action Taken
	CH <sub>4</sub> %	O <sub>2</sub> %	
1. #1	0	20.8	None Observed Reported
2. #2	0	20.8	Water Boot Deep Reported
3. #3	0	20.8	None Observed Reported
4.			
5.			
6.			
7. Power Center	0	20.8	Clear Reported
8. Chargers	0	20.8	Clear Reported
9. Shelter	0	20.8	Clear Reported
10.			

Air Measurements			
Location	CFM	Location	CFM
LOB	35,470		

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub> detected during exam.  
Road ways / Travel ways safe for travel at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39476  
Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33257  
Assistant Foreman [Signature] Certificate No. 14629A  
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 3-15 20-- Section or Area Examined T622  
 Time of Examination: from 5:15 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Walker Time 5:12 A.M. P.M.  
 Report received by B. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> 0% 02208</u>	<u>none observed</u>	
2. <u>CH<sub>4</sub> 0% 02208</u>	<u>water</u>	
3. <u>CH<sub>4</sub> 0% 02208 1/0</u>	<u>needs add'l clean. good dust. Ref</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>26910</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear at time of BJA  
Out by shelter clear at time of BJA  
Roads Flaking off

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

Signed By \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant Certificate No. 32058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15 Shift DAY Area or Section 1622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.	washer	Ref
3.	needs add "clamp dust"	Ref
4.		
5.		
6.	Corner Rolled out on left Pump SET JACK.	
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3	7:40-8:00	Ø	11.		
2.			12.		
3. 1-3	9:30-10:00	Ø	13.		
4.			14.		
5. 1-3	11:30-12:00	Ø	15.		
6.			16.		
7. 1-3	1:30-2:00	Ø	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	2:35	Ø	6.		
2.			7.		
3. Return	11:25	Ø	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Roof R. 6 checks

[Signature] Assistant Mine 39008-06 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-15-10 Section or Area Examined Tailgate 22  
Time of Examination: from 1 a.m. or 9 p.m. to 2:15 a.m. or 0 p.m.  
Was this report phoned to outside: Yes  no   
By whom Steve Hagah Time 2:30 P.M.  
Report received by Brian Collins 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	<u>02</u>	<u>0.05%</u>	<u>meets cleaned &amp; dusted</u>	<u>Reported</u>
2.	<u>20.8</u>	<u>0.05%</u>	<u>water in face</u>	<u>Reported</u>
3.	<u>2R</u>	<u>0.05%</u>	<u>swamp out</u>	<u>Reported</u>
4.	<u>3</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>27495</u>		

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam  
Roadway from truck to section clean at time of exam  
NO Power on chargers  
Travelways, walkways, haulageways power cables and utility  
chamber clean at time of exam  
Intake Phone OK at return time "Soft Ribs Across Section"

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  
Countersigned [Signature] Mine Manager—Mine Foreman  
300808 Brian Collins Assistant Foreman  
Certificate No. 33337 Certificate No. 1543-A  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15-10 Shift Ev Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
2. <u>2</u>	<u>water in face</u>	<u>Reported</u>
3. <u>2R</u>	<u>slip cut</u>	<u>mined cut</u>
4. <u>3</u>	<u>NA</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>510-540</u>	<u>.05-10%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>.05-10%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>.05-10%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1055</u>	<u>.05-10%</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>648</u>	<u>.10%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1027</u>	<u>.10%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 1 of RLL with crew

Brown Collins Assistant Mine 1543-P Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 2010 Section or Area Examined T, F 22  
 Time of Examination: from 10 a.m. or 10:25 p.m. to 10:25 a.m. or 10:25 p.m.  
 Was this report phoned to outside: Yes 1 no 0  
 By whom Brian Collins Time 11:20 A.M. P.M.  
 Report received by J. Thomas 147A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face .10% ch4 20.8% O2	Needs Additional cleaning Dusting	Reported
2. Face .10% ch4 20.8% O2	H2O in Face	Reported
3. Face .05% ch4 20.8% O2	needs cleaned Dusted	Reported
4. 2 Right X cut .10% ch4	Scrap cut	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>26,410</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: p. center, Intake Phone, Strata Life Shelter clear attire ex  
Soft Flakey Ribs on section  
NO power on chargers 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 Brian Collins Certificate No. 1543-A Assistant Foreman \_\_\_\_\_  
 Countersigned T. Thomas Mine Manager—Mine Foreman 147A Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift 3rd

Area or Section T, F 22

Violations and other Hazardous Conditions Observed and Reported

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

section  
Idol

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]  
Assistant Mine

1479-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33359  
Certificate No.

\_\_\_\_\_  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-16 20\_\_\_ Section or Area Examined T622  
 Time of Examination: from 7:00 a.m. or p.m. to 5:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:40 A.M. P.M.  
 Report received by S. Hural (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. 1 CH <sub>4</sub> 0% Or 0.8%	Needs add'l cleaning & dustin	Ref
2. 2 CH <sub>4</sub> 0% Or 0.8%	WATER	Ref
3. 2 Ret <sub>4</sub> 0% Or 0.8%	WATER / needs clean & dustin	Ref
4. 3 CH <sub>4</sub> 0% Or 0.8%	NOT BOILED	Ref.
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
LOB	28400		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center And Roadways clear at time of exam  
 CH<sub>4</sub> 0% Or 0.8%  
 Ribs Flaking off  
 Outby shelter clear at time of exam.  
 1. Chager has Power clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman Certificate No. 39280  
 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 3-16

Shift Day

Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>L</u>	<u>weeds add'l clean</u>	<u>cleaned up</u>
2. <u>202k</u>	<u>water</u>	<u>Pumping water.</u>
3. <u>2k</u>	<u>weeds cleaned up</u>	<u>Done</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:35-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</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>2:30</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:26</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over bolting all corners with crew at 7:25 AM.

[Signature] Assistant Mine 305808 Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16-2010 20 Section or Area Examined Tailgate 22
Time of Examination: from 1 a.m. or 9 a.m. to 2:25 a.m. or 6 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Steven Herring Time 2:35 A.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CFM, Violation or Hazardous Condition, Action Taken. Contains 4 rows of handwritten entries: 1. Location 20.8, CFM 0.05, Violation: None, Action: none; 2. Location 20.8, CFM 0.05, Violation: rocks cleaned + dusted, Action: Reported; 3. Location 20.8, CFM 0.05, Violation: water in face, Action: Reported; 4. Location 20.8, CFM 0.05, Violation: scrap cut, Action: Reflectors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: Location LOB, CFM 27,640.

Remarks: 20.8% O2, 0.9% CH4, 0ppm CO at time of exam. Roadway truck to section clean at TOE. Airways, walkways, haulways, power center, chuyers and outby shelter clean at time of exam. Draft ribs across sections. Intake theme ok at exam time.

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] Herring, 39058-08, Steven Herring, Assistant Foreman, Certificate No. 33357
Countersigned [Signature] T. Herring, Mine Manager - Mine Foreman, Certificate No. 1543-A
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-16-10 Shift Even Area or Section Lehighgate 2D

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>N/A</u>	<u>None</u>
2.	<u>2</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3.	<u>2B</u>	<u>water in face</u>	<u>pumped water</u>
4.	<u>3</u>	<u>scrap cut</u>	<u>mined cut</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-3</u>	<u>515-545</u>	<u>.05%</u>	11.			
2.				12.			
3.	<u>1-3</u>	<u>630-700</u>	<u>.05%</u>	13.			
4.				14.			
5.	<u>1-3</u>	<u>830-900</u>	<u>.05%</u>	15.			
6.				16.			
7.	<u>1-3</u>	<u>1000-1055</u>	<u>.05%</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>630</u>	<u>.05%</u>	6.			
2.				7.			
3.	<u>Return</u>	<u>1012</u>	<u>.05%</u>	8.			
4.				9.			
5.				10.			

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

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

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

Run page 4 part 7 of RCP  
with error at start of shift at end of TR

Burton Collins  
Assistant Mine

1543-A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

35357  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-16 2010 Section or Area Examined Tailgate 22  
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom B. Collins Time 11:15 A.M. P.M.  
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face .05% ch4 20.8% CO2	None observed	Reported
2. Face .05% ch4 20.8% CO2	Needs Adit. cleaning	" "
3. Face .05% ch4 20.8% CO2	Needs Add. cleaning Dusting	" "
4. Right X CUT .05% ch4 20.8% CO2	Scrap CUT	" "
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>29,642</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power Center, Haulage & Trunkway's 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 Bruce Collins Certificate No. 1543-A  
 Freshift-Mine Examiner  
 Countersigned T. [Signature] Certificate No. 1477A  
 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 3-17-10 Shift 3rd Area or Section J-G 22

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 0  
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) Read Page 4 para 7, 8  
To crew at start of shift motor burn 11:30pm

[Signature] Assistant Mine 1479A Certificate No. [Signature] Mine Foreman-Mine Manager 33557 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-17 20. Section or Area Examined 1622  
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom S. Thomas Time 5:50 (A.M.) P.M.  
 Report received by S. Hanan (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1,2 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
2. <u>2R CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>weeds cleaned/dusted</u>	<u>RF</u>
3. <u>3 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

## Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>28477</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and roadways clear At time of Exam.  
CHARGES clear At time of Exam.

Outby 5 Helder clear At time of Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479-A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
[Signature] Certificate No. 29058

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17 Shift DAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Location 2R, Violation needs cleaned edges, Action corrected.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-7 show methane content as 0 for various times and locations (1-3).

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-3 show methane content as 0 for return locations.

Number of Bolts Tested 6 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) when over P6, R with crew at 6:30am of the Roof control floor

Assistant Mine Superintendent or Assistant Mine Foreman-Mine Manager Certificate No. 39008-08

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17-2010 Section or Area Examined Tailgate 22
Time of Examination: from 1 a.m. or p.m. to 2:35 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Harrah Time 2:40 A.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 1, 20.8 O%, N/A, NONE. Row 2: 2L, 20.8 O%, Part Bolted, Reflectors. Row 3: 2, 2R, 3, 20.8 O%, WATER in Faces, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, 68,930.

Remarks: 20.8% O2 0% CH4 Oppm at time of Exam
Roadway from TRACK to Section clear at time of Exam
Travelways, walkways, Haulageways, powercenter and
outby chamber clear at time of Exam
Intake Phase OK At Exam Time

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] 39058-08 Brian Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 33357
Mine Manager-Mine Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17-10 Shift Eve Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2L</u>	<u>Part Bolted</u>	<u>lifted to face</u>
3. <u>2, 2R, 3</u>	<u>water in Face</u>	<u>Prepared</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-630</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1050</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>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1014</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Send page 4 part 2 of RCP with copy at start of shift at end of TK

Bruce Collins Assistant Mine 1543-A Certificate No. T. Moore Mine Foreman-Mine Manager 578 Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-17 2010 Section or Area Examined TG 22  
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom B. Collins Time --- A.M. --- P.M.  
Report received by T. Moore  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1	used clean	Rep
2. 2 LT.	used clean dusted	Rep
3. 2	used clean	Rep
4. 2 LT.	water	Rep
5. 3	SCRAP CUT	Reflector
6. ---	---	---
7. ---	---	---
8. ---	---	---
9. ---	---	---
10. ---	---	---

Air Measurements

Location	CFM	Location	CFM
<u>HOB</u>	<u>64,310</u>	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---

Remarks: Hoistways travel ways clear at exam  
Power Center clear  
Fresh air Bay clear - intake phone will not page in.

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 Benson Collins Certificate No. 1543-A  
Preshift-Mine Examiner  
Countersigned T. Moore Certificate No. 3359 Assistant Foreman  
Mine Manager—Mine Foreman  
R. Johnson 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 3-18 20. Section or Area Examined 7622  
 Time of Examination: from 6:00 a.m. or p.m. to 7:00 a.m. or p.m.  
 Was this report phoned to outside Yes  No   
 By whom J. Burdette Time 7:51 A.M. P.M.  
 Report received by S. Haka (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1/2 CH40% O220.86</u>	<u>None observe</u>	
2. <u>2R Outby 2 CH40% O220.86</u>	<u>Not Collected</u>	<u>Ref</u>
3. <u>3 CH40% O220.86</u>	<u>Not Collected</u>	<u>Ref</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>39900</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and roadways clear at time of exam.  
CH40% O220.86

Outby Chamber clear at time of exam

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

Signed By J. Burdette Certificate No. 125-D Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned S. Haka 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 3-18 Shift DAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2 ft out by #2</u>	<u>water</u>	<u>Pointing</u>
3. <u>2</u>	<u>NOT Bolted</u>	<u>corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. <u>FAN WAS OFF mine</u>	<u>HAD to be Firebassed</u>	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:55</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1:30</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 6  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Bg. 1-3 with crew at 6:30 AM

[Signature] Assistant Mine 32058-08 Certificate No. T. [Signature] Mine Foreman-Mine Manager 53359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18-2010 20 Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or pm. to 2:15 a.m. or pm.  
 Was this report phoned to outside: Yes no  
 By whom Steve Harrah Time 2:50 A.M. P.M.  
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CO <sub>2</sub>	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.		20.8	0%	scrap cut	Repetitive
2.		20.8	0%	Paul hatted	Repetitive
3.		20.8	0%	needs cleaned & dusted	Reported
4.					
5.					
6.	Intersection #3			water	Reported
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
LOB	32,495		

Remarks: 20.8% CO<sub>2</sub> 0% CH<sub>4</sub> 0ppm CO at time of exam  
Railway track to section shut at time of exam  
timelways, walkways, haulways, powerlines  
and entry shelter shut at time of exam

Intake Phone not working

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] 390808 Bruce Collins Assistant Foreman Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
 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 3-18-10 Shift Eve Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap Cut</u>	<u>removed cut</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>Reflected</u>
3. <u>B</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
4.		
5. <u>#3 intersection</u>	<u>water</u>	<u>Repaired</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>600-530</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-3</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-3</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-3</u>	<u>1000-1055</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>Returns</u>	<u>629</u>	<u>0%</u>	6.		
2.			7.		
3. <u>Returns</u>	<u>1019</u>	<u>0%</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 14  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

pend pass 4 good 4 of RCP  
with crew at start of shift at level of TK  
Bennett Assistant Mine  
543-A Certificate No.  
T. Moore Mine Foreman  
3357 Certificate No.  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-18-10 Section or Area Examined T-6 22  
 Time of Examination: from 10 a.m. or 1055 p.m. to 1055 a.m. or 1055 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 1105 A.M. P.M.  
 Report received by [Signature] 1479-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face OCH 20.890 02	Needs cleaned dusted	Reported
2. Face 11 11	Needs Add. Cleaning	11 11
3. Face 11 11	Scrap cut	11 11
4. 2 Right X cut 11 11	H2O in X cut	11 11
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>38,400</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: P. center, charger, Intake phone  
Travel way, strata Air Bay } clear at time 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 Brian Collins Certificate No. 1543-A  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 33259  
 Mine Manager—Mine Foreman Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19-10 Shift 3rd Area or Section T-622

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 2 contains handwritten text 'Section Idol'.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 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) Safety Talk went over Loose Ribs, top and how to pull it down with slate bar.

Assistant Mine, Certificate No. 1479A, Mine Foreman-Mine Manager, Certificate No. 35359, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19 20. Section or Area Examined T622  
 Time of Examination: from 4:00 a.m. or 5:00 p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Thomas Time 5:45 A.M. P.M.  
 Report received by S. Haral (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
2. <u>1 ROH 0% O<sub>2</sub> 20.8%</u>	<u>SCRAP</u>	<u>REF.</u>
3. <u>2 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
4. <u>2R CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>water</u>	<u>Rep</u>
5. <u>3 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>needs cleaned &amp; dusted</u>	<u>Rep</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>37452</u>		

Remarks: Powercenter and Roadways clear at time of exam  
CH<sub>4</sub> 0%

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19

Shift Day

Area or Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. 1R	SCIAL	CONNECTED
3. 2R	WATER	PUMPING
4. 3	WHEELS CLAMPED TO WHEEL	CLAMPED
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-2	7:35-8:00	Ø	11.		
2.			12.		
3. 1-2	9:30-10:00	Ø	13.		
4.			14.		
5. 1-2	11:30-12:00	Ø	15.		
6.			16.		
7. 1-2	1:30-2:00	Ø	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:30	Ø	6.		
2.			7.		
3. Return	11:35	Ø	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 6  
Number of Bolts Torqued Above Range Ø Below Range Ø

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) was over Pg. 4. Parameters within

Assistant Mine: [Signature] Certificate No. 37058-08  
Mine Foreman-Mine Manager: [Signature] Certificate No. 33359  
Superintendent or Assistant: [Signature]

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-19-10 20. Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or pm to 2:20 a.m. or pm.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Hannah Time 2:35 A.M.  P.M.  
 Report received by Benjamin Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>1R</u> <u>02</u> <u>CH4</u> <u>20.8</u> <u>.05</u>	<u>NOT Bolted</u>	<u>Reflectance</u>
2. <u>2</u> <u>20.8</u> <u>.05</u>	<u>N/A</u>	<u>name</u>
3. <u>2R</u> <u>20.8</u> <u>.05</u>	<u>water</u>	<u>Reported</u>
4. <u>3</u> <u>20.8</u> <u>.05</u>	<u>SCRAP cut</u>	<u>Reflectance</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>36,385</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam  
Roadways back to section closed at exam time  
tunnelways, walkways, haulageways, passageways and  
cutby shelter closed at time of exam

Intake phone ok at exam time

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] 3908-08 Benjamin Collins 1543-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 3339  
 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 3-19-10 Shift Eve Area or Section Tandgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1R</u>	<u>Not Bolted</u>	<u>Bolted to face</u>
2. <u>2</u>	<u>N/A</u>	<u>none</u>
3. <u>2R</u>	<u>water</u>	<u>Reported</u>
4. <u>3</u>	<u>SCRAP cut</u>	<u>mined cut</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0.05%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0.05%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>0.05%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-10.50</u>	<u>0.05%</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>629</u>	<u>0.05%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1013</u>	<u>0.05%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

haul down at start of shift at end of TR  
Read page 4 part 6 of RCR

Bruce Callens Assistant Mine Certificate No. 1543-A  
T. M. ... Mine Foreman-Mine Manager Certificate No. 33359  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-19 2010 Section or Area Examined T9, 1cote 22  
Time of Examination: from 1:00 a.m. or 6:00 p.m. to 10:50 a.m. or 5:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom Hammur Time 1:00 A.M. 5:00 P.M.  
Report received by Bruce Brantley  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1R 02 CH4 20.8 0.05</u>	<u>scrap cut</u>	<u>Ref off</u>
2.	<u>2 20.8 .05</u>	<u>none observed</u>	<u>Reported</u>
3.	<u>2R 20.8 .05</u>	<u>water</u>	<u>Reported</u>
4.	<u>3 20.8 .05</u>	<u>neeb clear dust</u>	<u>Reported</u>
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>35,719</u>		

Remarks: 20.8% O<sub>2</sub> CH<sub>4</sub> 0.05 at time of exam  
Roadways, track to Section clear at time of exam  
Tramways, walkways, haulageways, power lines, outby shelter all  
clear at time of exam  
Intake phone 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 Bruce Brantley 1543-A Certificate No. 33359  
Countersigned T. J. Moore Mine Manager—Mine Foreman Assistant Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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