

Barrier Section LBB

Barrier/LBB

Started 2-27-10

PRESHIFT - ONSHIFT and DAILY REPORT

Finished 3-16-10

Company Performance Coal

Mine UBB

SECTION Barrier Section

LOCATION Naomg
Post Office

Raleigh
County

WV
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 2-27 20 10 Section or Area Examined Barnier Section
Time of Examination: from 1 a.m. or 0 p.m. to 4 a.m. or 0 p.m.
Was this report phoned to outside: Yes no
By whom Brought Out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section Idle. Row 2: NO work.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air Movement.

Remarks:
0% CH4, 0% CO, 20.8% O2
Travelway clear.
Powercenter, Changers, Air Chamber, Intake Phase clean at stan

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

Signed By Jacq Stewart Preshift-Mine Examiner Certificate No. 39199
Countersigned Rick Miller Mine Manager-Mine Foreman Certificate No. 25736
Assistant Foreman Certificate No. 1659-A
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant-Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-27 2010 Section or Area Examined Barrier Section
Time of Examination: from 8:00 a.m. or 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section I & K</u>	<u>None observed</u>	<u>None</u>
2. <u>NO WORK</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good AIR MOVEMENT</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: 0% CH₄, 20.8% O₂, 0% CO

Travelways, power centers, charger, boxes, pumps OK at TOE.
Intake phone OK at TOE.

Outby chamber has rib roll next to it, needs cleaned or moved

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 Jim Williams Certificate No. 1659-A
Preshift Mine Examiner Assistant Foreman Certificate No.
Countersigned Bush Foster Certificate No. 28736
Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-28 2010 Section or Area Examined BARRIER Section
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>none observed</u>	<u>none</u>
2. <u>NO WORK</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>			

Remarks: 0% CH₄, 20.8% O₂, 0% CO
TRAVELERS, POWER CENTERS, PUMPS, CHARGES, STORES CLEAR AT T.O.E.
INTAKE PHONE OK AT T.O.E.
OUTBY CHAMBERED HAS RIB ROLL AT IT, NEEDS CLEANED OR MOVED

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 Jim W. Allen Preshift Mine Examiner Certificate No. 1654-A
 Countersigned Barb Peter Mine Manager—Mine Foreman Certificate No. 28236
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indefilble
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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 2-28 20 10 Section or Area Examined Barrier Section
 Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>None observed</u>	<u>None</u>
2. <u>NO WORK</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH₄, 0% CO₂, 20.87, 0²
Travelway, Powercenter, Pump, Changer Clean at exam
Air Chamber has rib roll at it, needs Moved on cleaned
Intake 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 Jacq Stewart Preshift-Mine Examiner Certificate No. 39199
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2823
[Signature] Assistant Foreman Certificate No. 1659-A
[Signature] Superintendent or Assistant Certificate No. 29611

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-28 2010 Section or Area Examined Carrier Sec
Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-6 with descriptions like 'under construction cleaning & spot patching' and 'water'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for location 'LOB' with CFM value '24,230'.

Remarks: Docks 4 det. 0% 20.80 CO 0%
Haulage & Tranche sys clear need add. cleaning in place
Power Center clean
Fresh air Bay need moved from RB - no access to doors
Intake 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 [Signature] 29611 Certificate No.
Countersigned [Signature] 28256 Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-1-2000 Shift AM Area or Section Barren Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>3B3A</u>	<u>wood</u>	<u>Wagon</u>
3. _____	<u>wood</u>	<u>Wagon</u>
4. _____	_____	_____
5. <u>59A</u>	<u>wood</u>	<u>Wagon</u>
6. _____	_____	_____
7. <u>6</u>	<u>30m cut</u>	<u>Wagon</u>
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) _____

J. Johnson
Assistant Mine

31112
Certificate No.

Rock Foster
Mine Foreman-Mine Manager

25734
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-1-20 Section or Area Examined Battery Sec
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 JOE COON Time 5:45 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-6 and their respective conditions and actions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data for Lt Lab and Rt Lab, plus a note about air moving in Rt direction.

Remarks: Panel center - travel ways. Cleared time of exam

Air Chamber OK 20.802
Intake phone 0.0% ch4
0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Joe Coon 37793 Jack Martin 37793
Countersigned Rick [Signature] 203
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 3-1-10 Shift DAY Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #142	needs add cleaning & spot bolting	Rep
2. 3RT	N/cleaned & Dusted	Dusted
3. 4-	water-	Rep.
4. 5+5R	N/cleaned & Dusted -	Dusted
5. 6-	N/Bolted.	Bolted R
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Return	7:25 AM	0%	6.		
2. RT Return	8:05 AM	0%	7.		
3. LT Return	9:35 AM	0%	8.		
4. RT Return	12:05 PM	0%	9.		
5.			10.		

Number of Bolts Tested 14 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) want and REP pg 4-4-5-

W/clew at start of shift

Jack Marston
Assistant Mine

37793
Certificate No.

Rick J. J...
Mine Foreman-Mine Manager

28231
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-1-10 20... Section or Area Examined Barrier section
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Matus Time 3:25 A.M. P.M.
Report received by Brandon Lewis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O/I Mt 1, 2	20.8 ⁰² 0.0% ch ⁴ needs add. cleaning & spot bolting	reported
2. O/I Mt 3R	20.8 ⁰² 0.0% ch ⁴ part bolted	reflected
3. O/I Mt 4	20.8 ⁰³ 0.0% ch ⁴ none observed	none
4. O/I Mt 5L	20.8 ⁰² 0.0% ch ⁴ scrap cut	reflected
5. O/I Mt 5R	20.8 ⁰² 0.0% ch ⁴ needs cleaned & dusted	reported
6. O/I Mt 6	20.8 ⁰² 0.0% ch ⁴ none observed	none
7.	<u>NO CO Found</u>	
8.		
9.	<u>rescue chamber / fire valve</u>	<u>none observed</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT</u>	<u>38.520 CFM</u>	
	<u>RT</u>	<u>12.208 CFM</u>	
<u>Angering right direction</u>			

Remarks: Powercenter / roadways
clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jack Matus 37793 Certificate No. Brandon Lewis Assistant Foreman 1176 Certificate No.
Countersigned Beck Fortner Mine Manager—Mine Foreman 20736
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 3.1.10 Shift EvP Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>07/04 1, 2 20.8⁰²</u>	<u>needs add. cleaning & spot bolting reported</u>	<u>reported</u>
2.	<u>07/04 3R 20.8⁰²</u>	<u>Part bolted</u>	<u>bolted</u>
3.	<u>07/04 SL 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
4.	<u>07/04 5R 20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
5.	<u>NO CO Found</u>		
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-6</u>	<u>4:30-5:00</u>	<u>0% CH₄</u>	11.			
2.	<u>1-6</u>	<u>6:30-7:00</u>	<u>0% CH₄</u>	12.			
3.	<u>1-6</u>	<u>8:30-9:00</u>	<u>0% CH₄</u>	13.			
4.	<u>1-6</u>	<u>10:00-10:30</u>	<u>0% CH₄</u>	14.			
5.	<u>1-6</u>	<u>12:00-12:30</u>	<u>0% CH₄</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 LT</u>	<u>5:10</u>	<u>0% CH₄</u>	6.			
2.	<u>return RT</u>	<u>5:20</u>	<u>0% CH₄</u>	7.			
3.	<u>return LT</u>	<u>9:10</u>	<u>0% CH₄</u>	8.			
4.	<u>return RT</u>	<u>9:20</u>	<u>0% CH₄</u>	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 spotted bolts on
in by 11b at RT dump, set Timbers on hadcarper in #3.

Remarks (Statement as to General Conditions of Mine or Area of Mine) reached 4:20 of R.P. and was
at 4:20pm

B. [Signature]
Assistant Mine

W. [Signature]
Certificate No.

Reck Foster 28736
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 31 20 19 10 Section or Area Examined Boarder Scales
Time of Examination: from 10:00 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom [Signature] Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries regarding dust pollution, scrap, and equipment issues.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for locations 20B and 20C with CFM values 16108 and 35210.

Remarks: power center road way cleanest found of [unclear]

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. 28736 Assistant Foreman [Signature] Certificate No. 34199
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-2 Shift owl Area or Section Barrow section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>3L</u>	<u>SC rap</u>	<u>complete</u>
3. <u>5L</u>	<u>used chert on</u>	<u>complete</u>
4. <u>6L</u>	<u>SC rap</u>	<u>complete</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. _____	_____	_____

Section
[Signature]

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine 3907 Certificate No. *[Signature]* Mine Foreman-Mine Manager 28230 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-2- Section or Area Examined BARRIER SECTION
 Time of Examination: from 500 h. or p.m. to 530 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom JOE COON Time 600 (A.M.) P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #142- 0.0%ch ₄	need add cleaning + spot bolting	Ref
2. 3L 0.0%ch ₄	SCRAP CUT	Tagged
3. 4 0.0%ch ₄	wave observed	Ref
4. 5L 0.0%ch ₄	not Bolted	Tagged
5. 6 + 6R. 0.0%ch ₄	wave observed	Ref
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT LOB	35,380		
RT LOB	11,010		

Air moving in Right Direction

Remarks: Power center - travel ways - haulage ways - all clear + no of exam
 20.9 O₂ Intake Phenol OK
 0.0%ch₄ Air Chamber
 0%CO Fire Valve

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-2-10 Shift DAY Area or Section BARRIER SEC

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>142</u>	<u>need add cleaning spot bolting</u>	<u>REP</u>
2. <u>3L</u>	<u>scrap cut</u>	<u>CUT + Bolted</u>
3. <u>4-6 + 6R</u>	<u>none observed</u>	<u>REP</u>
4. <u>5L</u>	<u>not Bolted</u>	<u>Bolted up</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>655 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>725 AM</u>	<u>0%</u>	7. _____	_____	_____
3. <u>LT Return</u>	<u>1055A</u>	<u>0%</u>	8. _____	_____	_____
4. <u>RT Return</u>	<u>1125A</u>	<u>0%</u>	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 RCP. Pg 5-18-19

w/clew at start of shift

Jack Marden
Assistant Mine

37793
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

2873L
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2-10 20 Section or Area Examined Barrier section
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 Jack Martin Time A.M. 2:50 P.M.
Report received by Brandon Davis (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 including locations like 20.802 and actions like 'needs add. cleaning & spot welding'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LOB with CFM values of 26,480 and 20,680.

Handwritten note: Air going right way

Remarks: roadways/powercenter clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jack Martin 37793 Certificate No. Assistant Foreman 1176-A Certificate No.
Countersigned Rick Martin 29734 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 Even Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>O% ch⁴ 4,2 20.8⁰²</u>	<u>needs addl. cleaning & spot bolting reported</u>	<u>reported</u>
2. <u>O% ch⁴ 3L 20.8⁰²</u>	<u>part bolted</u>	<u>bolted</u>
3. <u>O% ch⁴ 5L 20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
4. <u>O% ch⁴ 6R 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & bolted</u>
5. <u>NO CO Found</u>		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6R</u>	<u>4:30-5:00</u>	<u>O% ch⁴</u>	11.		
2. <u>1-6R</u>	<u>6:30-7:00</u>	<u>O% ch⁴</u>	12.		
3. <u>1-6R</u>	<u>8:30-9:00</u>	<u>O% ch⁴</u>	13.		
4. <u>1-6R</u>	<u>10:00-10:30</u>	<u>O% ch⁴</u>	14.		
5. <u>1-6R</u>	<u>12:00-12:30</u>	<u>O% ch⁴</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 LT</u>	<u>O% ch⁴</u>	<u>5:10</u>	6.		
2. <u>return RT</u>	<u>O% ch⁴</u>	<u>5:20</u>	7.		
3. <u>return LT</u>	<u>O% ch⁴</u>	<u>9:10</u>	8.		
4. <u>return RT</u>	<u>O% ch⁴</u>	<u>9:20</u>	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) needs pg 4 p 3 of RCP and cover at 4:20 pm

Bush Assistant Mine
1176A Certificate No.
Rush Mine Foreman-Mine Manager
28734 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2-10 Section or Area Examined Burdick Section
Time of Examination: from 1000 a.m. or p.m. to 1000 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brand Davis Time A.M. 1045
Report received by Joelson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1-6 and 8-9.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for locations 20B and 26B.

Remarks: Power cords ok, Tremorway ok

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1176-A
Countersigned [Signature] Mine Manager Certificate No. 28734
Assistant Foreman [Signature] Certificate No. 34443
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 2-3 Shift AM

Area or Section Barber's Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>12</u>	<u>misaligned</u>	<u>Repa</u>
2. <u>2</u>	<u>part 12/12</u>	<u>part 12/12</u>
3.		
4. <u>S</u>	<u>SCOM</u>	<u>part 12/12</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.		

Section 12/12

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) _____

Jacobson
Assistant Mine

34110
Certificate No.

Rich Zuber
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-3-10 Section or Area Examined Barrier Section
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 JOE COON Time 5:55 A.M. P.M.
Report received by Jack Mauer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-6 and actions like 'need add. cleaning & s/p Bolting', 'Ref. Tagged', 'N/C cleaned & dusted', 'none observed', 'N/C cleaned', 'P/Bolted', 'N/C cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: LT LOB 31.480, RT LOB 20.108. Includes note: 'air moving in RT direction'.

Remarks: Power center - travel ways, haulage ways all clear time of exam
20.802 0.0% ch4 0% CO Intake chamber OK air chamber OK

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

Signed By Joe Coon Preshift-Mine Examiner Certificate No. 28736
Countersigned Rick Feiler Mine Manager Mine Foreman Assistant Foreman
Jack Mauer Assistant Foreman Certificate No. 37793
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-3-10 Shift DAY Area or Section Batter see

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries, all showing 0% methane content.

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) want cond RCP pg 4-5-6 ul clear at start of shift

Signatures and titles: 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 3-3-10 20__ Section or Area Examined Barrier Section
Time of Examination: from 2:00 a.m. or pm to 2:30 a.m. or pm
Was this report phoned to outside: Yes no
By whom Jack Martin Time 3:00 A.M. PM.
Report received by Brandon Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>O% ch 4 1 20.8⁰²</u>	<u>needs add. cleaning & part bolting</u>	<u>reported</u>
2. <u>O% ch 4 2 20.8⁰²</u>	<u>scrap cut</u>	<u>reflected</u>
3. <u>O% ch 4 3 20.8⁰²</u>	<u>none observed</u>	<u>none</u>
4. <u>O% ch 4 4 20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
5. <u>O% ch 4 5 20.8⁰²</u>	<u>none observed</u>	<u>none</u>
6. <u>O% ch 4 6 20.8⁰²</u>	<u>none observed</u>	<u>none</u>
7. <u>O% ch 4 7 20.8⁰²</u>	<u>part bolted</u>	<u>reflected</u>
8. <u>NO CO Found</u>		
9.		
10. <u>rescue chamber / fire valve / intake pipe</u>	<u>none observed</u>	<u>none</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB LT</u>	<u>33,630 CFM</u>		
<u>LOB RT</u>	<u>20,400 CFM</u>		

Air going right way

Remarks: roadways / power center

clear at time of exam

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

Signed By Jack Martin 37793 Rick Yastin 1176-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rick Yastin 28736
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 Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 07.04 1 20.8 ⁰²	needs addition cleaning & bolting	reported
2. 07.04 2 20.8 ⁰²	Scrap cut	Finished & bolted
3. 07.04 4 20.8 ⁰²	needs cleaned & dusted	cleaned & dusted
4. 07.04 7 20.8 ⁰²	part bolted	bolted
5. No CO Found		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	4:30-5:00	0% CH ₄	11.		
2. 1-7	6:30-7:00	0% CH ₄	12.		
3. 1-7	8:30-9:00	0% CH ₄	13.		
4. 1-7	10:00-10:30	0% CH ₄	14.		
5. 1-7	12:00-12:30	0% CH ₄	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 LT	5:10	0% CH ₄	6.		
2. return RT	5:20	0% CH ₄	7.		
3. return LT	9:10	0% CH ₄	8.		
4. return RT	9:20	0% CH 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) ready 4 p.m. of 3/3/10
over at 4:20 pm

Burton
Assistant Mine

1176A
Certificate No.

Paul J. ...
Mine Foreman-Mine Manager

2873C
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 2080 Section or Area Examined Burns Section
 Time of Examination: from 10:00 a.m. or p.m. to 1:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Armando P. ... Time 10:55 A.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 208 1 0 7/8 cm	Need all chains of spr. Bolt c.	Reported
2. 208 2 2 L 0 9/16 cm	scrap	Reported
3. 208 3 0 1/2 cm	none	
4. 208 4 1/4 0 1/2 cm	not Bolted	Reported
5. 208 5 0 1/2 cm	scrap	Reported
6. 208 6 0 1/2 cm	none	
7. 208 7 0 1/2 cm	Need check Bolt	Reported
8.		
9. Fine values of		
10. Reservoir chamber in		

Air Measurements

Location	CFM	Location	CFM
LOB	Lt 28,485		
SOB	Mt 17,160	air going through	...

Remarks: road way power center
clean at turn of road

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. 1176-A Assistant Foreman [Signature] Certificate No. 28734
 Countersigned [Signature] Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-4 Shift cut Area or Section Barnier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2L</u>	<u>SC run</u>	<u>Repair</u>
2.		
3.		
4. <u>4M</u> <u>6</u>	<u>not bolted</u> <u>5 crew</u>	<u>Best of</u> <u>Completed</u>
5.		
6.		
7. <u>7</u>	<u>need strong band</u>	<u>Repair</u>
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.		

Section 2

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) _____

Joe Coon
Assistant Mine

34193
Certificate No.

Rich Zede
Mine Foreman-Mine Manager

28735
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-4-20 Section or Area Examined Ballist Sec
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Coon Time 545 A.M. P.M.
Report received by Jack Morris (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten observations and actions.

Air Measurements

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

Air moving Right Direction

Remarks: Panel center travelways-haulage ways

20.802 Cleared time of
0.0% ch4 EXAM
0% CO Intake Phans & Air Chamber OK

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

Signed By Joe Coon (Preshift Mine Examiner) Certificate No. 34197
Countersigned Jack Morris (Assistant Foreman) Certificate No. 37793
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-4-10 Shift DAY Area or Section BARRIOL

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 rows of handwritten entries.

Number of Bolts Tested 10 Below Range 0

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

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

Signatures: Jack Moran (Assistant Mine), 37793 (Certificate No.), Rick Foster (Mine Foreman-Mine Manager), 2823 (Certificate No.), Superintendent or Assistant

Date of Examination 3-4-10 20 Section or Area Examined Barrier section
Time of Examination: from 2:00 a.m. or p.m. to 2:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Madin Time 3:10 P.M.
Report received by Brandon Davis (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 including locations like OJ. No 1-7 and actions like 'needs add cleaning & spot bolting reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of handwritten air measurement data.

Air going right way

Remarks: roadways / sewer center clear at time of exam

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

Signed By Jack Madin Preshift Mine Examiner Certificate No. 3773
Countersigned Brandon Davis Mine Manager - Mine Foreman Certificate No. 2836
Assistant Foreman Certificate No. 1176-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-4-10 Shift EM Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>O/W 1 20.8⁰²</u>	<u>need all cleaning & spot bolting</u>	<u>reported</u>
2.	<u>O/W 43 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & bolted</u>
3.	<u>O/W 44, 4R, 5 20.8⁰²</u>	<u>need cleaned & dusted</u>	<u>cleaned & dusted</u>
4.	<u>O/W 17 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
5.	<u>NO CO Found</u>		
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>4:30-5:00</u>	<u>O/W 4</u>	11.			
2.	<u>1-7</u>	<u>6:30-7:00</u>	<u>O/W 4</u>	12.			
3.	<u>1-7</u>	<u>8:30-9:00</u>	<u>O/W 4</u>	13.			
4.	<u>1-7</u>	<u>10:00-10:30</u>	<u>O/W 4</u>	14.			
5.	<u>1-7</u>	<u>12:00-12:30</u>	<u>O/W 4</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 LT</u>	<u>5:10</u>	<u>O/W 4</u>	6.			
2.	<u>return RT</u>	<u>5:20</u>	<u>O/W 4</u>	7.			
3.	<u>return LT</u>	<u>9:10</u>	<u>O/W 4</u>	8.			
4.	<u>return RT</u>	<u>9:20</u>	<u>O/W 4</u>	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) ready pg 4 pgs of RCR
and over at 4:20 pm

Buller Assistant Mine 1176-A Certificate No. Rick Post Mine Foreman-Mine Manager 28236 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

3-4

10

BARRIER section

Date of Examination _____ Section or Area Examined _____

Time of Examination: from 10:00 a.m. or 6 p.m. to 10:30 a.m. or 6 p.m.

Was this report phoned to outside: Yes No By whom Brandon Davis Time A.M. 11:10 P.M.

Report received by Gray Col (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	#1 0%	20.8%	scrap cut	Reflectors Hung
2.	#2 0%	20.8%	None observed	Reported
3.	#3 0%	20.8%	needs cleaned and dusted	Reported
4.	#4R 0%	20.8%	needs clean and dusted	Reported
5.	#5 0%	20.8%	Part Bolted	Reflectors Hung
6.	#6 0%	20.8%	needs cleaned and dusted	Reported
7.	#7 0%	20.8%	needs clean and dusted	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	Lt 28,460		
	Rt 17,110		

Remarks: Powercenter, Travelways, Haulage ways, clear Air exam 0% CH₄, 20.8% O₂, 0ppm c.o. Detected

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

Signed By *[Signature]* Certificate No. *11765* Assistant Foreman _____ Certificate No. _____
 Countersigned *[Signature]* Mine Manager—Mine Foreman _____
 Assistant Foreman *[Signature]* Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-3 Shift ad Area or Section Borman

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>slur</u>	<u>correct</u>
2. _____	_____	_____
3. <u>5</u>	<u>part bolt</u>	<u>replace</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. _____	<u>See above</u>		13. _____	_____	_____
4. _____			14. _____	_____	_____
5. _____	<u>[Signature]</u>		15. _____	_____	_____
6. _____			16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine
[Signature] Certificate No.
[Signature] Mine Foreman-Mine Manager
29736 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 3-5-10 Section or Area Examined Barrier sec
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 [checked] no
By whom JAE Coen Time 5:45 A.M. P.M.
Report received by Jack Marston (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-6 and actions like 'Part Bolted', 'none observed', 'tagged'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LT LOB (21380) and RT LOB (18310). Includes note 'Air moving in Rt Direction'.

Remarks: Power Center - travel ways - haulage ways.

Air chamber Fire Valve Intake phone 20.8 O2 0.0% ch4 0% CO all clear times 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. 34190
Countersigned [Signature] Certificate No. 29736
Assistant Foreman Jack Marston Certificate No. 37793
Assistant Foreman [Signature]
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-5-10 Shift DAY Area or Section BARR. 2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

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 and RCP pg 5-19

Signatures and names: Assistant Mine, Certificate No. 37793, Mine Foreman-Mine Manager, Certificate No. 2223, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3.5.10 Section or Area Examined Same section
Time of Examination: from 2:00 a.m. or p.m. to 2:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time A.M. 3:25 P.M.
Report received by Brandon Davis (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 'scrap cut', 'none observed', 'NCD', 'Needs cleaned', 'rescue chamber/entrance'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for locations L013 and L013 with CFM values 30,281 and 20,896.

Air going right way

Remarks: roadways/lower center clear at time of exam

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

Signed By Jack Martin Preshift Mine Examiner Certificate No. 5793
Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 2973
Assistant Foreman Certificate No. 11764
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 Even Area or Section Barrier sections

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>07.049 20.8⁰²</u>	<u>Scrap cut</u>	<u>Finished & bolted</u>
2. <u>07.043 20.8⁰²</u>	<u>NCD</u>	<u>cleaned & dusted</u>
3. <u>07.044R 20.8⁰²</u>	<u>need cleaned</u>	<u>cleaned</u>
4. <u>07.045R 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & bolted</u>
5. <u>07.046 20.8⁰²</u>	<u>part bolted</u>	<u>Bolted</u>
6. <u>NO CO Found</u>		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0% CH₄</u>	11. _____		
2. <u>1-7</u>	<u>6:30-7:00</u>	<u>0% CH₄</u>	12. _____		
3. <u>1-7</u>	<u>8:30-9:00</u>	<u>0% CH₄</u>	13. _____		
4. <u>1-7</u>	<u>10:00-10:30</u>	<u>0% CH₄</u>	14. _____		
5. <u>1-7</u>	<u>12:00-12:30</u>	<u>0% CH₄</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 LT</u>	<u>5:10</u>	<u>0% CH₄</u>	6. _____		
2. <u>return RT</u>	<u>5:20</u>	<u>0% CH₄</u>	7. _____		
3. <u>return LT</u>	<u>9:10</u>	<u>0% CH₄</u>	8. _____		
4. <u>return RT</u>	<u>9:20</u>	<u>0% CH₄</u>	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) nothing to report

at 4:20 pm
[Signature] Assistant Mine Foreman
1176-2 Certificate No.
[Signature] Mine Foreman/Mine Manager
28234 Certificate No.
 Superintendent of Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-5 2010 Section or Area Examined Carrier Section
 Time of Examination: from 1000 a.m. or pm. to 1020 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Branda DeWitt Time 1050 P.M.
 Report received by Joe (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O ₂ chy 1 20.8 ⁶	SCUP	Repair
2. O ₂ chy 2 20.8 ⁶	none	
3. O ₂ chy 3 20.8 ⁶	not bottled	Repair
4. O ₂ chy 4 20.8 ⁶	none	
5. O ₂ chy 5 20.8 ⁶	1.5 cup	Repair
6. O ₂ chy 6 20.8 ⁶	need clear of dust	Repair
7. O ₂ chy 7 20.8 ⁶	part not	Repair
8.		
9. Fire volu ok		
10. Respiration ok		

Air Measurements

Location	CFM	Location	CFM
LH	26440		
RT	14843	air gauge right way	

Remarks:

power center track
Clear of stars power

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 Branda Preshift Mine Examiner Certificate No. 1176-A
 Countersigned Joe Coon Assistant Foreman Certificate No. 37193
Rick Foster Mine Manager - Mine Foreman Certificate No. 28732
 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 Shift cut Area or Section Barrie

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	SCM ₂	complete
2.	3	set Bolt	Bolted
3.	SM	SCM ₂	complete
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.		

Section
dial

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) _____

Jill Coor Assistant Mine 347191 Certificate No. Risk Post Mine Foreman-Mine Manager 28734 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 Barrier Sec
 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 Joe Coon Time 5:48 A.M. P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 0.0% ch ₄	Not Bolted	Tagged Ref.
2. 2+3 - 0.0% ch ₄	were observed	Ref
3. 4L 0.0% ch ₄	scraper cut	Tagged
4. 5R - 0.0% ch ₄	Not Bolted	Tagged
5. 6 0.0% ch ₄	were observed	Ref
6. 7 - 0.0% ch ₄	n/cleared & dusted	Ref
7.		
8. Intake Phone	OK	Ref
9. Fresh Air Chamber-	Clear	Ref
10.		

Air Measurements

Location	CFM	Location	CFM
Lt LOB	24,210		
Rt LOB	19,180		

Air moving in Right Direction

Remarks: Power center + travel ways - haulage ways -
 20.802
 0.0% ch₄ all clear +
 0% CO 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 Joe Coon 3/1/10 Jack Martin 37293
 Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Rick Foster 2-5-10
 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 DAY Area or Section BARRIES SEC

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1-	NOT Bolted	Bolted up
2.	243-	None observed	None
3.	4L	Scrap cut	CUT + Bolted
4.	5R-	NOT Bolted	Bolted up
5.	6-	None observed	Ref none
6.	7-	n/cleaned/Dusted	Ref
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730A	0%	11.			
2.				12.			
3.	1-7	900-930A	0%	13.			
4.				14.			
5.	1-7	1100-1130A	0%	15.			
6.				16.			
7.	1-7-	100-130PM	0%	17.			
8.				18.			
9.	1-7-	200-230PM	0%	19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Ret	655A	0%	6.			
2.	Rt Ret	735A	0%	7.			
3.	Lt Ret	1055A	0%	8.			
4.	Rt Ret	1135A	0%	9.			
5.				10.			

Number of Bolts Tested 12 0 Below Range

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

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

went and RCP pg 4
1-2-3- w/clean at start of shift

Jack Mann
Assistant Mine

37793
Certificate No.

Rick Fehr
Mine Foreman-Mine Manager

2822
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-6-10 Section or Area Examined Barrier Section
Time of Examination: from 2:00 or p.m. to 2:40 or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time 2:58 Pm P.M.
Report received by Jim Boyer 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: 0% CH4 0% CO 20.8% O2 detected
Cush, tunnelways, haulways, power center,
chargers, cutting shelter & phone at 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 Jack Martin 37293 Certificate No. 28763
Countersigned Rick Oster 28763 Assistant Foreman Certificate No. 1176-A

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 Barter section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>OTM4 1</u> <u>20.8⁰⁰</u>	<u>scrap cut</u>	<u>Finished & bolted</u>
2.	<u>OTM4 2</u> <u>20.8⁰⁰</u>	<u>Part bolted</u>	<u>Bolted</u>
3.	<u>OTM4 3</u> <u>20.8⁰⁰</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dust</u>
4.	<u>OTM4 7</u> <u>20.8⁰⁰</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
5.	<u>OTM4 R</u> <u>20.8⁰⁰</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
6.	<u>No CO Found</u>		
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>4:30-5:00</u>	<u>0% CH₄</u>	11.			
2.	<u>1-7</u>	<u>6:30-7:00</u>	<u>0% CH₄</u>	12.			
3.	<u>1-7</u>	<u>8:30-9:00</u>	<u>0% CH₄</u>	13.			
4.	<u>1-7</u>	<u>10:00-10:30</u>	<u>0% CH₄</u>	14.			
5.	<u>1-7</u>	<u>12:00-12:30</u>	<u>0% CH₄</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 LT</u>	<u>5:00</u>	<u>0% CH₄</u>	6.			
2.	<u>return RT</u>	<u>5:20</u>	<u>0% CH₄</u>	7.			
3.	<u>return LT</u>	<u>9:10</u>	<u>0% CH₄</u>	8.			
4.	<u>return RT</u>	<u>9:20</u>	<u>0% CH₄</u>	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) _____

exam at 4:20 pm

Bruce
Assistant Mine

176A
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-6-10 Section or Area Examined Banner Sec.
Time of Examination: from 10:00 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom [Signature] Time A.M. 10:50 P.M.
Report received by [Signature] 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as '#1 posts O2CH4 part bolted reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L.T. LOB 29,214' and 'R.T. LOB 19,744'.

Remarks: No chadect O2 20.8 or CO2
Haulage & travelways clean at exam
Power Center Clean Fresh Air Bay - Phone 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 [Signature] Pre-shift-Mine Examiner Certificate No. 11761
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 29231
[Signature] Assistant Foreman Certificate No. 29611
[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 3-7 2010 Section or Area Examined Panel
 Time of Examination: from 7:00 a.m. or p.m. to 11:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought out side (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	Sec. Idlce Preshift to Sec. Power Center	
2.	O ₂ CH ₄ 20.802 CO ₂	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT	28,860		
RT	26,500		

Remarks: Loc 4 Sec. O₂ 20.802 CO₂

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

Signed By [Signature] Certificate No. 29611 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

	Location	Violations and other Hazardous Conditions Observed and Reported 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 3-7 2010 Section or Area Examined Banner Section
 Time of Examination: from 12 a.m. or 0 p.m. to 3 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no ✓
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>			
<u>R</u>	<u>20,460</u>		
<u>L</u>	<u>28,140</u>		

Remarks:

0% CH₄, 0% CO₂ 20.8% O₂
Travelway, Powercenter, Changer clean at exam
Air Chamber, Intake Phone clean at exam
No Spots in Air Chamber

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

Signed By Jacy Stewart 39199 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Rick Hester 28731 Mine Manager - Mine Foreman
[Signature] 29611 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 3-7-20 Section or Area Examined Barrier Sec.
Time of Examination: from 8:30 a.m. or p.m. to 9:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries including locations like #1 entries, 2, 3, 4, 5, 6, 7, and Sec., with violations such as 'need add. cleaning', 'none observed', and 'need clean & dusted', and actions like 'Rep.', 'none', and 'Reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for locations L.T. and R.T. with CFM values 20,471 and 28,090.

Remarks: NoCH4 det. 0% 2000 CO0%
Haulage + Travelways need add. cleaning
RIBS across sec. are breaking off (CAUTION)
Power Center - RIBS. Busted off around Box
Fresh Air Dry 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 [Signature] Certificate No. 29611 Assistant Foreman [Signature] Certificate No. 1117
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman
Superintendent or Assistant

[Handwritten signature/initials]

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. *S* _____
- 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) _____

Foreman
Assistant Mine

34107
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

25734
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 20 10 Section or Area Examined BARRIER SEC
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 JDE COON Time 555 (A.M.) P.M.
Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1-2-3- 0.0% ch ₄	none observed	Ref
2. 4- 0.0% ch ₄	none observed	Ref
3. 5 0.0% ch ₄	fast Bolted	tagged Reflectors
4. 6R- 0.0% ch ₄	n/cleaned & dusted	Ref
5. 7- 0.0% ch ₄	none observed	Ref
6.		
7.		
8. Intake Phone	OK-	
9. Air Chamber-	none obs	
10.		

Air Measurements

Location	CFM	Location	CFM
Lt LOB-	20,680		
Rt LOB-	19,310		
Air moving in Right Direction			

Remarks: Power center - haulage ways - Travel ways -
all clear time of exam
Ribs across section Bleeking off-

20.402
0.0% ch₄
0% CO

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

Signed By JDE Coon Certificate No. 34197 Jackman Assistant Foreman Certificate No. 37723
Countersigned Rich Foster Mine Manager - Mine Foreman Certificate No. 23236
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8-10 Shift DAY Area or Section Ballier

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as '# 1-2-3', 'None observed', 'None', '4.', 'None observed', 'None', '5', 'Part Bolted', 'Bolted up', '6R.', 'N/cleared & dusted', 'Rep', '2.', 'None observed', 'None'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for location '1-7' and times like '700-730A', '900-930A', '1100-1130A', '100-130pm', '200-230pm', with methane content '0%'. Rows 11-20 are blank.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for locations like 'LT Return', 'RT Return' and times like '655Am', '735Am', '1055Am', '1135Am', with methane content '0%'.

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 out and REP Pg 5-19-20 w/crow at start of shift

Signatures and Certificates: Jack Manser (Assistant Mine), 37793 (Certificate No.), Rick Foster (Mine Foreman-Mine Manager), 2873 (Certificate No.), Superintendent or Assistant.

Date of Examination 3-8-10 20 Section or Area Examined Barrier Section
Time of Examination: from 2:00 a.m. or p.m. to 2:40 a.m. or p.m.
Was this report phoned to outside Yes no
By whom Jack Martin Time A.M. 3:28 P.M.
Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations O/W 1-7, NO CO Found, and rescue chamber/Flare valve.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for LOB LT and LOB RT.

Air going right Direction

Remarks: roadways/powercenter
clear at time of exam.
20.802
0.0% ch4
0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jack Martin 37793 Certificate No. Assistant Foreman 1176-A Certificate No.
Countersigned Rick Foster Mine Manager-Mine Foreman 2573
Assistant Foreman
Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8-10 Shift EOE Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	O/W 1 20-8 ⁰²	part bolted	bolted
2.	O/W 2, 3L 20-8 ⁰²	needs cleaned & dusted	cleaned & dusted
3.	O/W 4 20-8 ⁰²	scrap cut	Finished & bolted
4.	O/W 5 20-8 ⁰²	scrap cut	Finished & bolted
5.	O/W 6R 20-8 ⁰²	needs cleaned & dusted	cleaned & dusted
6.	O/W 7 20-8 ⁰²	needs cleaned & dusted	cleaned & dusted
7.	NO CO Found		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	4:30-5:00	O/W	11.			
2.	1-7	6:30-7:00	O/W	12.			
3.	1-7	8:30-9:00	O/W	13.			
4.	1-7	10:00-10:30	O/W	14.			
5.	1-7	12:00-12:30	O/W	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 LT	O/W		6.			
2.	return RT	O/W		7.			
3.	return LT	O/W		8.			
4.	return RT	O/W		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) removing 4 pg 7 of RCL not over at

4:20 pm
[Signature] Assistant Mine
1176 Certificate No.
[Signature] Mine Foreman-Mine Manager
28236 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 28 2080 Section or Area Examined Perimeter
 Time of Examination: from 1000 a.m. or pm. to 1000 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom B.P. and J. Perimeter Time 1100 A.M.
 Report received by J.P. Perimeter (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>OP 1 208^{am}</u>	<u>part bolt</u>	<u>Reps</u>
2. <u>OP 2 208^{am}</u>	<u>Need Check Dusts</u>	<u>Reps</u>
3. <u>OP 3 208^{am}</u>	<u>part Bolts</u>	<u>Reps</u>
4. <u>OP 4 208^{am}</u>	<u>none</u>	
5. <u>OP 5-6 208^{am}</u>	<u>Need Check Dusts</u>	<u>Reps</u>
6. <u>OP 7 208^{am}</u>	<u>5 Crap</u>	<u>Reps</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB Lt</u>	<u>27691</u>		
<u>LOB Mt</u>	<u>18176</u>	<u>air gun ready</u>	

Remarks: power center charge clear 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. 1176-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 8919
 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 Shift owl Area or Section DUMMERS

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>part Bolt</u>	<u>Report to</u>
2. <u>3L</u>	<u>part Bolt</u>	<u>Bolted</u>
3. <u>7</u>	<u>scrap</u>	<u>complete</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)

Joe Cass
Assistant Mine

2419
Certificate No.

Rich Foster
Mine Foreman - Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-9-70 Section or Area Examined BARRIER
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Cogan Time 600 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items #1 through #10, including locations like 0.0% ch4-20.802 and actions like 'Tagged', 'Ref', 'Not Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: LT LOB- 24,680 and RT LOB- 19,310.

Air moving in RT direction

Remarks: Power center - haulageways - all cled time of entry
Intake Phone - ok - 20.802 0.0% ch4 0% CO

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

Signed By Joe Cogan (Preshift-Mine Examiner, Certificate No. 27117) and Jack Martin (Assistant Foreman, Certificate No. 37297)
Countersigned: Rick Bostin (Mine Manager-Mine Foreman, Certificate No. 28734)

Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	R/Bolted	Ref
2. 2-	None observed	None
3. 3h-	N/cleaned & dusted	Cleaned & dusted
4. 4+5-	N/cleaned	Cleaned & dusted
5. 5-6-6R-	N/cleaned	Cleaned
6. 7	NOT Bolted	Bolted up
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	655A	0%	6.		
2. Rt Return	735A	0%	7.		
3. Lt Return	1055A	0%	8.		
4. Rt Return	1135A	0%	9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP - Pg 4 - #6-7
w/crew at start of shift

Jack Mauer
Assistant Mine

37793
Certificate No.

Rick Fater
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-9-10 Section or Area Examined Barrier Section
Time of Examination: from 2:00 a.m. or p.m. to 2:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time A.M. 2:45 P.M.
Report received by Brandon Davis (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 regarding methane levels and bolted conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for LOB (LT: 48,195 CFM, RT: 21,232 CFM).

Air going right way

Remarks: roadways / power center clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report. Signed By Jack Martin, Preshift Mine Examiner, Certificate No. 37723. Countersigned by Mine Manager - Mine Foreman, Certificate No. 28736. Assistant Foreman, Certificate No. 11767.

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 Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>0% CH₄ 1 20.802</u>	<u>part bolted</u>	<u>reflected</u>
2.	<u>0% CH₄ 2 20.802</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
3.	<u>0% CH₄ 4 20.802</u>	<u>part bolted</u>	<u>reflected</u>
4.	<u>0% CH₄ 6R 20.802</u>	<u>not bolted</u>	<u>reflected</u>
5.	<u>0% CH₄ 7 20.802</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
6.	<u>NO CO Found</u>		
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>section Idle</u>	<u>No Production</u>				
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>return LT</u>	<u>5:10</u>	<u>0% CH₄</u>			
<u>return RT</u>	<u>5:20</u>	<u>0% CH₄</u>			
<u>return LT</u>	<u>9:10</u>	<u>0% CH₄</u>			
<u>return RT</u>	<u>9:20</u>	<u>0% CH₄</u>			
6.					
7.					
8.					
9.					
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) 130 reflection idle due to ventilation change. No men working on section

[Signature] Assistant Mine 1176-A Certificate No. [Signature] Mine Foreman-Mine Manager 23734 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 3-9-10 20 Section or Area Examined Barren Section
 Time of Examination: from 10:00 a.m. or 11:00 a.m. or 2 p.m.
 Was this report phoned to outside: Yes no
 By whom Branda Davids Time 11:05 A.M. PM
 Report received by Joe Coon (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0% dry 1 20.8% ^{com}	part bottled	Dungoff
2. 0% dry 2 20.8% ^{com}	Need chest + dustel	Reported
3. 0% dry 3L 20.8% ^{com}	none observed	
4. 0% dry 4 20.8% ^{com}	not bottled	Dungoff
5. 0% dry 5-6 20.8% ^{com}	none observed	
6. 0% dry 6H 20.8% ^{com}	not bottled	Dungoff
7. 0% am 7 20.8% ^{com}	Need chest + dustel	Reported
8.		
9. Fire value ok		
10. Research chamber etc		

Air Measurements

Location	CFM	Location	CFM
LOB Lt	46.483	air going right way	
LOB Rt	20.916		

Remarks: power center proud way
Clear of tunnel
of eyes

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 Branda Davids Preshift Mine Examiner
 Countersigned Joe Coon Assistant Foreman
Branda Davids Mine Manager - Mine Foreman
Joe Coon Assistant Foreman
 Certificate No. 28736 Certificate No. 84193
 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 *arl*

Area or Section *Danner 2c down*

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <i>1-4-6N</i>	<i>part of the floor</i>	<i>Reported</i>
2. <i>2-7</i>	<i>used chisel on wood</i>	<i>Reported</i>
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) _____

Joe Loon
Assistant Mine

[Signature]
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10-10 20 Section or Area Examined Barrier
Time of Examination: from 4:45 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Coon Time 5:40 A.M. P.M.
Report received by Jim Sawyer 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries for various faces and conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for Left SOB (21,515) and Right SOB (46,140).

Remarks: O%CH4 O%CO2 20.8%O2 detected track, travelways, changes, power lines, haulways, outby chamber & intake phone 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 Joe Coon 341197 Certificate No. Jack Morris 37793 Assistant Foreman
Countersigned Rick Foster 28736 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 3-10-10 Shift

Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

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 and RCP Pg 4-1-2 w/ ESW at START of SHIFT

Signatures and Certificates: Jack Smith (Assistant Mine), 3779 (Certificate No.), Rick [Name] (Mine Foreman-Mine Manager), 28734 (Certificate No.), Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10-10 Section or Area Examined Barrier section

Time of Examination: from 1:30 a.m. or p.m. to 2:05 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Jack Martin Time A.M. 3:00 P.M.

Report received by Brandon Lewis (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 'OT. Ch 1 20.800 scrap cut reflected'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: COB LT 34,291 CFM; COB RT 21,680 CFM.

Air going right way

Remarks: roadways / power center

clear at time of exam - section has 5ft + Ribs + brows

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

Signed By Jack Martin Preshift-Mine Examiner

37293 Certificate No. 28734

Assistant Foreman signature

11764 Certificate No.

Countersigned Mine Manager - Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-10-10 Shift Eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 rows of handwritten entries regarding scrap cut, needs cleaned, and bolted items.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Contains 5 rows of handwritten entries for methane examinations at location 1-7.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Contains 4 rows of handwritten entries for methane examinations 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) number 4 & 8 of RCL end

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 Barrios Section
Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom D. G. ... Time A.M. 1105 P.M.
Report received by J. G. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as '0% ch 1 208% SCRP Reports'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'LOB Lt 34,576', 'LOB Rt 19,120', 'air going right way'.

Remarks: power center change traversing way clear
Peb in salt

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. 117624
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3415
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 3-11 Shift owl Area or Section Marion and S

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>SCM</u>	<u>Completed</u>
2.	<u>2</u>	<u>port bolt</u>	<u>Port</u>
3.			
4.	<u>SA</u>	<u>SCM</u>	<u>Completed</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) _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-11 Section or Area Examined BARRIER sec
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom JOE COEN Time 600 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 20.802-0%chy	PART Battered	tagged
2. 20.802-0.0%chy	NEED Cleaned	REP
20.802-4-5+5R-0.0%chy	None observed	REP
4. 6 -20.802-0%chy	Scrap cut	tagged
5. 7-20.802-0%chy	None observed	None
6.		
7.		
8. Air chamber	clear	
9. Fire valve	ok	
10.		

Air Measurements

Location	CFM	Location	CFM
LT LOB	28.464		
RT LOB	19.180		

Air moving in
Right Direction.

Remarks: Power center - travel ways - haulage ways
20.802
0.0%chy
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 Joe Coen Certificate No. 34197
Countersigned Jack Martin Mine Manager - Mine Foreman Assistant Foreman Certificate No. 37793
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-11-10 Shift DAY Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>A1</u>	<u>Post Bolted</u>	<u>Bolted</u>
2. <u>2-</u>	<u>w/cleared</u>	<u>cleared & dusted</u>
3. <u>3, 4, 5-SR-</u>	<u>none observed</u>	<u>none</u>
4. <u>6-</u>	<u>scrap cut</u>	<u>cut & Bolted</u>
5. <u>7-</u>	<u>none observed</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Ret</u>	<u>655A</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Ret</u>	<u>735</u>	<u>0%</u>	7. _____	_____	_____
3. <u>Lt Ret</u>	<u>1055Am</u>	<u>0%</u>	8. _____	_____	_____
4. <u>Rt Ret</u>	<u>1135Am</u>	<u>0%</u>	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 out RCP- Pg 4-3-4
w/clear at start shift

Jack Martin Assistant Mine 37793 Certificate No. Resh Jeter Mine Foreman-Mine Manager 2873 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-11-10 20... Section or Area Examined Barrier Section
 Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jack Martin Time 3:15 P.M.
 Report received by Brandon Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. O/W 1	20.8 ⁰⁰² 0%	none observed	none
2. O/W 2L	20.8 ⁰⁰² 0% CH ₄	not bolted	reflected
3. O/W 2	20.8 ⁰⁰² 0% CH ₄	none observed	none
4. O/W 3	20.8 ⁰⁰² 0% CH ₄	none observed	none
5. O/W 4	20.8 ⁰⁰² 0% CH ₄	none observed	none
6. O/W SR	20.8 ⁰⁰² 0% CH ₄	scrap cut	reflected
7. O/W 6	20.8 ⁰⁰² 0% CH ₄	needs clean & dusted	reported
8. O/W 7	20.8 ⁰⁰² 0% CH ₄	none observed	none
9. NO CO FOUND			
10. rescue chamber / Escalator		none observed	

Air Measurements

Location	CFM	Location	CFM
LOB	LT 3,170 CFM		
LOB	RT 9,080 CFM		

Air going right way

Remarks: roadways / power center

20.802
clear at time of exam 0.0% CH₄
0% CO

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

Signed By Jack Martin 37293 Brandon Davis Assistant Foreman 1176-A Certificate No.
 Countersigned Brandon Davis Mine Manager— Mine Foreman 28736
 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 3-11-10 Shift Even Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>87/W4 2L 20.8⁰⁰²</u>	<u>not bolted</u>	<u>bolted</u>
2.	<u>07/W4 5R 20.8⁰⁰²</u>	<u>scrap cut</u>	<u>Finish & Bolted</u>
3.	<u>07/W4 6 20.8⁰⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
4.	<u>NO CO Found</u>		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>4:30-5:00</u>	<u>0% CH₄</u>	11.			
2.	<u>1-7</u>	<u>6:30-7:00</u>	<u>0% CH₄</u>	12.			
3.	<u>1-7</u>	<u>8:30-9:00</u>	<u>0% CH₄</u>	13.			
4.	<u>1-7</u>	<u>10:00-10:30</u>	<u>0% CH₄</u>	14.			
5.	<u>1-7</u>	<u>12:00-12:30</u>	<u>0% CH₄</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 LT</u>	<u>5:10</u>	<u>0% CH₄</u>	6.			
2.	<u>return RT</u>	<u>5:20</u>	<u>0% CH₄</u>	7.			
3.	<u>return LT</u>	<u>9:10</u>	<u>0% CH₄</u>	8.			
4.	<u>return RT</u>	<u>9:20</u>	<u>0% CH₄</u>	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) see pg 4 pg 7 of Report

[Signature]
Assistant Mine Foreman

[Signature]
Certificate No.

[Signature]
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 3-11-60 Section or Area Examined Barrie S
 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 Brent Darris Time 11:09 A.M. P.M.
 Report received by Jacobs (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0 1/2 cm 1 20.8</u>	<u>none</u>	
2. <u>0 9/16 cm 2x 20.8</u>	<u>not bolted</u>	<u>Demolish</u>
3. <u>0 9/16 cm 3 20.8</u>	<u>Need cleat + Dasher</u>	<u>Repairs</u>
4. <u>0 9/16 cm 4 20.8</u>	<u>Scrap</u>	<u>Repairs</u>
5. <u>0 9/16 cm 5 20.8</u>	<u>Scrap</u>	<u>Repairs</u>
6. <u>0 1/2 cm 6 20.8</u>	<u>Need cleat + Dasher</u>	<u>Repairs</u>
7. <u>0 9/16 cm 7 20.8</u>	<u>none</u>	
8. _____	_____	_____
9. <u>Research on ok</u>	_____	_____
10. <u>Fire valve ok</u>	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>FOM Lt</u>	<u>29200 CFM</u>		
<u>FOM Rt</u>	<u>low air</u>	<u>air gain in West Bank</u>	
<u>RT side Idle</u>			

Remarks: power cuts change that class of
turn of
eyes

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 Brent Darris Preshift-Mine Examiner Certificate No. 1176-A
 Countersigned Jacobs Mine Manager—Mine Foreman Certificate No. 3000
 Assistant Foreman Certificate No. _____
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12 Shift arl Area or Section Marion Sadon

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.	<u>not pulled</u>	<u>bolts</u>
3.	<u>SCM</u>	<u>compt</u>
4.	<u>SCM</u>	<u>compt</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.		

Section diller

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) _____

Julan
Assistant Mine

940
Certificate No.

Bob Tate
Mine Foreman-Mine Manager

28234
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 BARRIER
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom JOE COON Time 600 A.M. P.M.
Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 - 0.0% ch4	n/cleaned	Rep
2. 2h 0.0% ch4	n/cleaned + OUSTED	Rep
3. 3 0.0% ch4	scrap cut	tagged
4. 4 + 4R 0.0% ch4	need cleaned	Rep
5. 5 - 0.0% ch4	need cleaned	Rep
6. 5R 0.0% ch4	scrap cut	tagged
7. 6 + 7 - 0.0% ch4	wave observed	Rep
8.		
9. Air chamber	Cled -	
10. Outside Phone	OK	Rep

Air Measurements

Location	CFM	Location	CFM
Lt LOB -	28.480		
Sweep Air Right to left			
Air movement			

Remarks: Power center - travel ways - haulage ways
20.802 all clear time
0.0% ch4 of exam
0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 34110
Countersigned Jackman Mine Manager - Mine Foreman Certificate No. 37793
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-12-10 Shift Day Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as '1', '2h', '3-', '4 & 4R', '5-', '5R-', '6 & 7'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for location '1-7' and times like '700-730A', '900-930A', '1100-1130A', '100-130Pm'.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten entries for locations like 'Lt Ret', 'Rt Ret' and times like '655 AM', '735 AM', '1055 AM', '1135 AM'.

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) was out RCP Pg 5-19-20 w/clean at start of shift

Signatures and titles: Jackman Assistant Mine, Certificate No. 37723; Rick Foster Mine Foreman-Mine Manager, Certificate No. 28224; Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-12-10 20-- Section or Area Examined Barrier Section
Time of Examination: from 1:00 a.m. or p.m. to 1:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Moran Time 2:50 P.M.
Report received by Brandon Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>07.004</u>	<u>20.8⁰²0%CH₄ none observed</u>	<u>none</u>
2. <u>07.004 2L</u>	<u>20.8⁰²0%CH₄ needs cleaned & dusted</u>	<u>reported</u>
3. <u>07.004 2</u>	<u>20.8⁰²0%CH₄ none observed</u>	<u>none</u>
4. <u>07.004 3</u>	<u>20.8⁰²0%CH₄ scrap cut</u>	<u>reflected</u>
5. <u>07.004 4R</u>	<u>20.8⁰²0%CH₄ needs cleaned</u>	<u>reported</u>
6. <u>07.004 5R</u>	<u>20.8⁰²0%CH₄ not Bolted</u>	<u>reflected</u>
7. <u>07.004 6</u>	<u>20.8⁰²0%CH₄ scrap cut</u>	<u>reflected</u>
8. <u>07.004 7</u>	<u>20.8⁰²0%CH₄ none observed</u>	<u>none</u>
9. <u>NOCO Found</u>		
10. <u>100cc chamber / Fireable</u>	<u>none observed</u>	

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT</u>	<u>22,800 CFM</u>	
<u>sweeping</u>	<u>air</u>	<u>right to left</u>	

Remarks: loadways / Powercenter
clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Jack Moran Preshift Mine Examiner Certificate No. 32293
Countersigned Reck Jahn Mine Manager - Mine Foreman Certificate No. 28235
[Signature] Assistant Foreman Certificate No. 11757
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 3.12.10 Shift Even Area or Section Barter section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. O1.64 2L 20.8 ⁰⁰²	needs cleaned & dusted	cleaned & dusted
2. O1.64 3 20.8 ⁰⁰²	scrap cut	Finished & Bolted
3. O1.64 4R 20.8 ⁰⁰²	needs cleaned	cleaned
4. O1.64 5R 20.8 ⁰⁰²	not bolted	bolted
6. O1.64 6 20.8 ⁰⁰²	scrap cut	Finished & bolted
6. NO CO Found		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	4:00-4:30	0% CH ₄	11.		
2. 1-7	6:00-6:30	0% CH ₄	12.		
3. 1-7	8:00-8:30	0% CH ₄	13.		
4. 1-7	10:00-10:30	0% CH ₄	14.		
5. 1-7	12:00-12:30	0% CH ₄	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 LT	4:10	0% CH ₄	6.		
2. return LT	8:10	0% CH ₄	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) work p. 8 of RCP and

at 3:50 pm
[Signature]
 Assistant Mine

1176-A
 Certificate No.

[Signature]
 Mine Foreman/Mine Manager

2828
 Certificate No.

Inspector or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12-10 20 Section or Area Examined Barrier Section
Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries including O.T. No. 1-7 and 'NO CO Found'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB LT 22,614 cfm' and 'sweeping air right to left'.

Remarks: roadways/Powercenter 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. 1176-A Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2873C
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 3-13 2010 Section or Area Examined BARRIER SECTIONS
 Time of Examination: from 12:00 a.m. or 0:00 to 3:00 a.m. or 0:00
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Breyer outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>No Work</u>	_____
2. _____	<u>Section Idle</u>	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L0B</u> <u>Right</u>	<u>22,942</u>	_____	_____
<u>Left</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂ tracks, travelways, pc's
chargers clear at sea

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 Berry Curry 27129 Assistant Foreman Certificate No.
 Countersigned Rich Baker 28736 Mine Manager—Mine Foreman
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-14-19 Section or Area Examined Barrier Section
Time of Examination: from 8:00 a.m. or p.m. to 8:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom [Signature] Time A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1 contains handwritten text: 'NO work section take'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains handwritten text: 'LOB 26,750'.

Remarks: 0% CH4 0% CO 2088 O2
Track travelways po's changed 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] 2874 Certificate No.
Countersigned [Signature] 28734 Certificate No.
Assistant Foreman Superintendent or Assistant

Larry Stewart 39199

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-25-58 Shift 1st Area or Section 10-11-58

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 3-14-10 20.10 Section or Area Examined Barmer 4 Section
Time of Examination: from 12 a.m. or P. to 3 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom
Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: NO WORK. Row 2: SECTION IDLE.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, 24,610.

Remarks:

Travldway clear At exam, PC, Changer clear At exam
Intake Phone not Working
Solaris needs Cal.

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 Lacy Stewart 39199 Certificate No. Assistant Foreman
Countersigned Rick Bahr 28236 Certificate No. Mine Manager-Mine Foreman

37074 Superintendent or Assistant 1659A

Use Indefilible
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 3-14 Section or Area Examined Repair Section
Time of Examination: from 8:30 a.m. or p.m. to 9:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, CH4, Violation or Hazardous Condition, Action Taken. Contains 7 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: LOB, 22,040.

Sweep AIR Right to Left

Ribs soft across section

Remarks: 0% CH4, 20.8% O2, 0% CO
TRACK, TRAVEL WAYS, POWER CABLES, CHARGERS, PUMPS, & BOXES CLEAR AT TOE.
Outby chamber and intake phone ON at TOE.
Scoop charger in #6 ENTRY needs FIRE suppression hung up properly.

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. 1659-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28734
Assistant Foreman [Signature] Certificate No. 34447
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 Shift Even Area or Section Partridge Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>4th BR-26</u>	<u>not bolted</u>	<u>Dunroff</u>
2. _____	_____	_____
3. _____	_____	_____
4. <u>1-5-7</u>	<u>need clean up</u>	<u>Pyper</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. _____	_____	_____

Section
done

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) _____

Jacobs Assistant Mine Foreman
24193 Certificate No.
Reid Foster Mine Foreman-Mine Manager
28734 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 Barrier Section
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Q64A SA #6 20.8%</u>	<u>not Beltel</u>	
2. <u>Q21-5-7 20.8%</u>	<u>used dust H&M</u>	
3. <u>2-3</u>	<u>none observed</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. <u>Fire Volume</u>	<u>OK</u>	
9. <u>Resertha chamber</u>	<u>OK</u>	
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>SOB</u>	<u>2740</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: power center doors closed
clean at turn of shaft

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. 37293
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. _____
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15

Shift *out*

Area or Section *Barnier*

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <i>1-57</i>	<i>used chert + Post Marks</i>	
2. <i>4A SA-6</i>	<i>not Batted</i>	
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. _____	_____	_____

See copy

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) _____

J. J. [Signature]
Assistant Mine

24127
Certificate No.

Rest [Signature]
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 3-15-10 Shift DAY

Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>N/cleared & dusted</u>	<u>Cleaned & dusted</u>
2. <u>2 & 3-</u>	<u>None observed</u>	<u>Ref</u>
3. <u>4L</u>	<u>Not Bolted</u>	<u>Bolted up</u>
4. <u>5R & 6-</u>	<u>Not Bolted</u>	<u>Bolted up</u>
5. <u>7-</u>	<u>N/cleared & dusted</u>	<u>cleaned & dusted</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7-</u>	<u>7:10-7:40A</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:10-9:40A</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7-</u>	<u>11:10-11:40A</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1:10-1:40pm</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT RET</u>	<u>7:05A</u>	<u>0%</u>	6. _____	_____	_____
2. <u>LR Retun</u>	<u>11:05Am</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10 0 Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 5-

20-21 / w/crew at start of shift
Jack Marston 3793 Rob Babin 2886
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 3-15-10 20-- Section or Area Examined Barrier Section
 Time of Examination: from 1:15 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jack Martin Time 3:00 A.M. 3:00 P.M.
 Report received by Brandon Davis
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O/W 1 20.802	none observed	none
2. O/W 2 20.802	none observed	none
3. O/W 3 20.802	none observed	none
4. O/W 4 20.802	scrap cut	reflected
5. O/W 5 20.802	none observed	none
6. O/W 5R 20.802	Part halted	reflected
7. O/W 6 20.802	needs cleaned & adjusted	reported
8. O/W 7 20.802	none observed	none
9. NO CO Found		
10. rescue chamber/ Fire valve	none observed	

Air Measurements

Location	CFM	Location	CFM
COB	25,613 CFM		
sweeping air right to left			
Air gain right way			

Remarks: roadways / Powercenter
clear at time of exam

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

Signed By Jack Martin 37293 Certificate No. 1176-A
 Preshift Mine Examiner Assistant Foreman
 Countersigned Brandon Davis 28730 Certificate No.
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Date 3:15:10 Shift Evng Area or Section Barber sections

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0 1/2 W⁴ C/L 20.802</u>	<u>Scrap cut</u>	<u>Fixed & Bolted</u>
2. <u>0 1/2 W⁴ SR 20.802</u>	<u>Part bolted</u>	<u>bolted</u>
3. <u>0 1/2 W⁴ 6 20.802</u>	<u>needs cleaned & Dusted</u>	<u>cleaned & dusted</u>
4. <u>NO CO Found</u>		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0 1/2 W⁴</u>	11.		
2. <u>1-7</u>	<u>6:30-7:00</u>	<u>0 1/2 W⁴</u>	12.		
3. <u>1-7</u>	<u>8:30-9:00</u>	<u>0 1/2 W⁴</u>	13.		
4. <u>1-7</u>	<u>10:00-10:30</u>	<u>0 1/2 W⁴</u>	14.		
5. <u>1-7</u>	<u>12:00-12:30</u>	<u>0 1/2 W⁴</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 LT</u>	<u>5:10</u>	<u>0 1/2 W⁴</u>	6.		
2. <u>return LT</u>	<u>9:10</u>	<u>0 1/2 W⁴</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) see pg 4 pg 10 of RCR report

Assistant Mine 1176-11 1176-11 2873C
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 2010 Section or Area Examined Barrier Section
Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brady Bonds Time A.M. 11:15 P.M.
Report received by Joe Coon (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O'Leary 1 20.8% CO ₂	None observed	
2. O'Leary 2 20.8% CO ₂	part bolted	Done JFB
3. O'Leary 3 20.8% CO ₂	None observed	
4. O'Leary 4 20.8% CO ₂	Need Clean Drags	Reported
5. O'Leary HR 20.8% CO ₂	Need Clean Drags	Reported
6. O'Leary 6 20.8% CO ₂	None observed	
7. O'Leary 7 20.8% CO ₂	Scraps	Reported
8.		
9.	Reservoir chamber OK	
10. No check for	Fine water OK	

Air Measurements

Location	CFM	Location	CFM
LOM	25,476		
Sweeping Air			

Remarks: road way power center
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. 1176-A
Countersigned [Signature] Mine Manager Certificate No. 28236
Assistant Foreman [Signature] Assistant Foreman Certificate No. 2412
Superintendent or Assistant

Indelible
Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-16

Shift *owl*

Area or Section *Burned section*

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
2	<i>part of the</i>	<i>Proff of</i>
7	<i>blowing</i>	<i>cap the</i>

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.		

Factor

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) _____

Joe Conn
Assistant Mine

8419
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 3-16-20 Section or Area Examined Barries
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Coon Time 545 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for 0.0% ch4, Air Chamber, Fire Valve, Intake Phone.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entry for LOB with CFM 24,810 and notes on air movement.

Remarks: Power control - chargers - haulage ways - 20.802 all clear time 0.0% ch4 of exam 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 Joe Coon, Jack Martin, Countersigned Paul Bittner.