

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

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PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-24-10 20 Section or Area Examined Seals, 13, 14, 15
 Time of Examination: from 6:12 a.m. or p.m. to 6:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jim Boyer Time 6:45 A.M. P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>Seals 13, 14, 15</u>	<u>Clear at</u>	_____
3. _____	<u>Time of</u>	_____
4. _____	<u>exam</u>	_____
5. _____	_____	_____
6. _____	<u>CH₄ 0%</u>	_____
7. _____	<u>O₂ 20.8%</u>	_____
8. _____	<u>CO 0%</u>	_____
9. <u>work area</u>	<u>Obcky none observed</u>	<u>None</u>
10. _____	_____	_____

Air Measurements

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

Remarks: Travelways clear track to seals clear at exam

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

Signed By Jim Boyer 32261 Assistant Foreman Certificate No. _____
 Countersigned Rich Boston 29734 Mine Manager—Mine Foreman Certificate No. _____
 _____ 37222 Assistant Foreman
 _____ Superintendent or Assistant

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PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-1-10 Section or Area Examined Seal Construction
Time of Examination: from 7:00 a.m. or p.m. to 7:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jim Boyer Time 7:30 A.M. P.M.
Report received by (Signed)

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing seals and work area with 0% CH4 and 'None observed' violations.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: air movement Good.

Remarks: 0% CH4 20.5% O2 0% CO detected track, time logs, power box safe at quar

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 Stuart 39199 Certificate No. Jim Boyer Assistant Foreman 3226 Certificate No.
Countersigned Rick Fata 23252 Mine Manager-Mine Foreman
Assistant Foreman Superintendent or Assistant 3222

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PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2-10 20 Section or Area Examined Seal Construction
Time of Examination: from 7:00 a.m. or p.m. to 7:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Boyer Time 7:40 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, Violation or Hazardous Condition, Action Taken. Contains entries for work area and seals #14-20.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry for air movement is 'Good'.

Remarks: 0 % CH4 0 % CO2 20.8 % O2 detected track, travelway, power box safe 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 J. Boyer 32261 Certificate No.
Countersigned [Signature] 28734 Certificate No.
Assistant Foreman
Superintendent or Assistant

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PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31-10 20. Section or Area Examined Seal Construction Area
Time of Examination: from 7:40 a.m. or p.m. to 8:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jim Bowen Time 8:25 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: wood area end of track at 1 South tail, CH4 2%, None observed, None. Row 2: #17 Seal area, 0%, None observed, None.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement.

Remarks: track, travel ways, power box safe at exam
0% CH4 0% CO 20.8% O2 detected
Close clearance when concrete mixture is stacked near mixer pump

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 Bowen 32261 Certificate No. Assistant Foreman
Countersigned Rick Foster 25732 Certificate No. Mine Manager-Mine Foreman
Assistant Foreman
Superintendent Assistant 37222

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PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-31 Section or Area Examined SEAL Construction Area
Time of Examination: from 1:30 a.m. or 2:00 p.m. to 2:00 a.m. or 2:00 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought out S. Oke
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Well AREA at end of <u>Chy</u> <u>0%</u>	<u>None observed</u>	<u>None</u>
2. track at 1 south tail		
3.		
4. #7 SEAL AREA <u>0%</u>	<u>None observed</u>	<u>None</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

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

Remarks: 0% Chy, 20.8% O2, 0% CO
Track, travel way, power center clear at TOE
Close clearance at MIXER

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 Wills Preshift-Mine Examiner Certificate No. 1659-A
Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 28232
Assistant Foreman _____
Superintendent or Assistant _____ 37282

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1-2010 Section or Area Examined SEAL CONSTRUCTION AREA
Time of Examination: from 6:30 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes
By whom Jim Boyer Time 7:15 A.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for work area at end of track, south tail of chry, and seal area.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 9000 A.R. measurement.

Remarks: 0% Ch4, 20.8% O2, 0% CO
Track, travelways powder center clear at T.O.F.
Close clearance at mixer pump

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 Boyer Preshift-Mine Examiner Certificate No. 32261
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant