

#2 section

Started 12-16-09

UBB HG 23

Finished

HG 23

1-4-10

# PRE-SHIFT - ONSHIFT and DAILY REPORT

Company Performance  
 Mine UBB  
 SECTION HG 23  
 LOCATION Naoma Rali WV  
Post Office County State

Re-order from  
 BJW Printing and  
 Office Supplies  
 P. O. Box 1309  
 Beckley, WV 25801

Phone (304) 253-7361



Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16-09 20 Section or Area Examined H623  
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time 11 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>O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
2.	<u>O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
3.	<u>O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
4.	<u>3L O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
5.	<u>4 O2CH4 208202</u>	<u>Scrap cut</u>	<u>Reflected</u>
6.	<u>5R O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
7.	<u>6 O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
8.	<u>7 O2CH4 208202</u>	<u>none observed</u>	<u>none</u>
9.	_____	_____	_____
10.	_____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,656</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: O2CH4 O2CO 208202

Track, Trenchways, PL, Chargers, Refuges, Intake phase all clear

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1539A \_\_\_\_\_  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 26041 \_\_\_\_\_  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman \_\_\_\_\_ 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 12-17-09 20          Section or Area Examined H623  
 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 G. Wright 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>1, 2, 3, 3LOZCUY 02CO</u>	<u>none observed</u>	<u>20.8202 none</u>
2. <u>4 OZCUY, 02CO</u>	<u>scribble 20.8202</u>	<u>Reflected</u>
3. <u>SR, 6, 7 OZCUY, 02CO</u>	<u>20.8202 none observed</u>	<u>none</u>
4. <u>        </u>	<u>        </u>	<u>        </u>
5. <u>        </u>	<u>        </u>	<u>        </u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,656</u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: OZCUY, 02CO, 20.8602  
Track, Truways  
Refuge, Intake Phone OK AT TOE  
DC, charges

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 15349 Assistant Foreman Certificate No.           
 Countersigned [Signature] 26241 Mine Manager Mine Foreman Certificate No.           
 Assistant Foreman          Superintendent or Assistant         

John B. Beckford 26176

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-17-09 20 HC 23 Section or Area Examined  
 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 J. Bickford Time 2:54 P.M.  
 Report received by S. Holstead 37567  
 (Signed)

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

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2, 3, 3L</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2.	<u>4</u>	<u>0%</u>	<u>Scrap Cut</u>	<u>Reflectors</u>
3.	<u>5R, 6, 7</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>18,360</u>		

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at EXAM  
Powercenters, Changers track & TRAVELWAYS Clean  
Refuge & Intake Phone - OK

John A. Bickford

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

Signed By John A. Bickford 26176 Certificate No.  
 Pre-shift-Mine Examiner  
 Counter-signed [Signature] 26141 Assistant Foreman  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-17-09 20      Section or Area Examined H6 23  
 Time of Examination: from 830 a.m. or PM to 100 a.m. or PM  
 Was this report phoned to outside: Yes no  
 By whom Bought out 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>Section Idle</u>	<u>PC Charges OK</u>	
2. <u>    </u>	<u>    </u>	<u>    </u>
3. <u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>
7. <u>    </u>	<u>    </u>	<u>    </u>
8. <u>    </u>	<u>    </u>	<u>    </u>
9. <u>    </u>	<u>    </u>	<u>    </u>
10. <u>    </u>	<u>    </u>	<u>    </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,650</u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

Remarks: OB CHY OB CO 20.8 @ 02  
PC Charges TRAVELWAYS OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1539A  
 Preshift Mine Examiner Certificate No.       
 Countersigned [Signature] 26011  
 Mine Manager Mine Foreman Assistant Foreman Certificate No.       
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### 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 Foreman

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 12-18-09 20 Section or Area Examined H623  
 Time of Examination: from 300  a.m. or p.m. to 600  a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Bought out 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. _____	_____	_____
2. <u>SECTION</u>	<u>Idle PC Chargers OK</u>	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18643</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 02 CH4, 02 CO, 208602  
PC, chargers, Tracelamps OK  
Refuges, Intake Phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 15397 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 26041 Mine Manager Mine Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

John A. Biehl 26171

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 12-18 2009 Section or Area Examined HG 23  
 Time of Examination: from 1245 a.m. or (P.M.) to 130 a.m. or (P.M.)  
 Was this report phoned to outside: Yes (X) no ( )  
 By whom John B. Huff Time            A.M.            P.M.  
 Report received by Tim Williams  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1.		
2.		
3.		
4.	<u>SECTION Idle, Powercenters and chargers ON</u>	
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,872</u>		

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO  
P.C., chargers, travelways OK  
Refuge, Intake phone OK

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

Signed By John B. Huff Certificate No. 26176  
 Preshift Mine Examiner  
 Countersigned            Certificate No.             
 Mine Manager Mine Foreman  
           Assistant Foreman  
           Superintendent or Assistant

1659-A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-18-09 20 HC23 Section or Area Examined  
 Time of Examination: from 8:30 a.m. or 1:00 a.m. to 1:00 a.m. or 1:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Pat Time 1:00 P.M.  
 Report received by Elihu Williams 1589A  
 (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

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

*Air Measurements*

Location	CFM	Location	CFM
<u>16, 411</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OSHA 208602  
PC changes Track OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 White Bailey 27085 Assistant Foreman  
 Preshift Mine Examiner Certificate No.  
 Countersigned Elihu Williams 2604E1 Assistant Foreman  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 12-19 209 Section or Area Examined HG 23  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ 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.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By \_\_\_\_\_  
 Countersigned E. Hager Mine Manager / Mine Foreman  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_  
 Certificate No. 26044  
 Assistant Foreman Certificate No. \_\_\_\_\_  
 Superintendent or Assistant Certificate No. \_\_\_\_\_

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman \_\_\_\_\_ 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 12-21 2009 Section or Area Examined 17623  
 Time of Examination: from 4:50 a.m. or p.m. to 5:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Nick McCrossy Time A.M. 5:45 P.M.  
 Report received by LIB-u (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1, 2, 3, 3L 0%CH	None observed	Reported
2. 4 0%CH	Scrap lumber	Dangert tag Reported
3. SR, 6, 7 0%CH	None observed	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
Lob	18240		

Remarks: 0%CH 20.6%O<sub>2</sub> 0%CO at exm  
Power cuts, chugger, truck trouble clear at exm

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 32274  
 Preshift Mine Examiner  
 Countersigned [Signature] Certificate No. 38928  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

D. Martin 3/688

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-21 2009 Section or Area Examined H. G. 23  
 Time of Examination: from 12:50 a.m. or p.m. to 1:18 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Jason Thomas Time 1:30 P.M.  
 Report received by [Signature] (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken	
1.	#1	0% CH <sub>4</sub> 20.80 <sub>2</sub>	none observed	reflectors hung
2.	#2	0% CH <sub>4</sub> 20.80 <sub>2</sub>	none obs.	ref. hung
3.	#3 & #31	0% CH <sub>4</sub> 20.80 <sub>2</sub>	none obs.	ref. hung
4.	#4	0% CH <sub>4</sub> 20.80 <sub>2</sub>	scrap cut	ref. hung
5.	#5	0% CH <sub>4</sub> 20.80 <sub>2</sub>	none obs.	ref. hung
6.	#6	0% CH <sub>4</sub> 20.80 <sub>2</sub>	none obs.	ref. hung
7.	#7	0% CH <sub>4</sub> 20.80 <sub>2</sub>	none obs.	ref. hung
8.				
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
LOB	27,846		

Remarks: no 3-gas detector in shelter  
power center, charges, travelways & track clear  
at time of exam 0% CH<sub>4</sub> 20.80<sub>2</sub>

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1477-A Certificate No.  
 Countersigned [Signature] 26041 Assistant Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### 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 Foreman

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 12-21-09 12-22 20 9 Section or Area Examined HG 23  
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom S. Campbell Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by [Signature]  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 O <sub>2</sub> CH <sub>4</sub> 20.80	none observed	
2.	2 O <sub>2</sub> CH <sub>4</sub> 20.80	none observed	
3.	3 & 3L O <sub>2</sub> CH <sub>4</sub> 20.80	none observed	
4.	4 O <sub>2</sub> CH <sub>4</sub> 20.80	55% ROP cut	Reflect
5.	5 O <sub>2</sub> CH <sub>4</sub> 20.80	none observed	
6.	6 O <sub>2</sub> CH <sub>4</sub> 20.80	none observed	
7.	7 O <sub>2</sub> CH <sub>4</sub> 20.80	none observed	
8.			
9.			
10.		Section edge	

### Air Measurements

Location	CFM	Location	CFM
LOB	19,672		

Remarks: No CH<sub>4</sub> det. O<sub>2</sub> 20.80 CO<sub>2</sub>  
P/c charger - track & tramways clear of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 3004 Assistant Foreman  
 Certificate No. 26001  
 Countersigned [Signature] Mine Foreman  
 Assistant Foreman  
[Signature] 29611 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### 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 Foreman \_\_\_\_\_ 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 12-22-07 20 Section or Area Examined HG 23 #2 Section  
 Time of Examination: from 3:20 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Draught Jut Time 5:30 A.M. P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	O <sub>2</sub>	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	#1	20.8	0%	None observed	None
2.	#2	20.8	0%	None observed	None
3.	#3	20.8	0%	None observed	None
4.	#3 Left	20.8	0%	None observed	None
5.	#4	20.8	0%	Scrap cut	Reflected
6.	#5	20.8	0%	None observed	None
7.	#5 Right	20.8	0%	None observed	None
8.	#6	20.8	0%	None observed	None
9.	<u>NO Power on section</u>				
10.					

### Air Measurements

Location	CFM	Location	CFM
<u>L-0-3</u>	<u>19,721</u>		

Remarks: O<sub>2</sub> CH<sub>4</sub> appx 20.8% O<sub>2</sub> detected at time of exam  
Tend, Travelways, powercenter, chaises, Intake phase, Intake chamber ok at T.O.E.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 39042 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Walter P. ... Gene Martin 31688

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-22 2009 Section or Area Examined HG 23 #2 Section  
 Time of Examination: from 215 a.m. or (p.m.) to 245 a.m. or (p.m.)  
 Was this report phoned to outside: Yes  no   
 By whom Bill Campbell Time 255 P.M.  
 Report received by Tim Williams (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	#1	0% Ch4 none observed	none
2.	#2	0% Ch4 none observed	none
3.	#3	0% Ch4 none observed	none
4.	#3 left	0% Ch4 none observed	none
5.	#4	0% Ch4 Scrap cut	Reflected
6.	#5	0% Ch4 none observed	none
7.	#5 Right	0% Ch4 none observed	none
8.	#6		
9.			
10.	NO Power on Section		

#### Air Measurements

Location	CFM	Location	CFM
LOB	11,340		

Remarks: 0% Ch4, 20.8% O2, 0% CO  
TRACK, TRAVEL WAYS, POWERCENTERS, CHARGERS, INTAKE PHONE, INTAKE CHAMBER,  
CLEAR AT T.O.F.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1354-P Certificate No.  
 Countersigned [Signature] 26041  
 Assistant Foreman [Signature] 1659-A  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-23-09 20 11023 Section or Area Examined \_\_\_\_\_  
 Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom straight out 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. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. <u>Section Idle no Power</u>	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 15397  
 Mine Examiner Certificate No.  
 Countersigned [Signature] 26021  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

W. D. Campbell 13547A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-23 2009 Section or Area Examined \_\_\_\_\_  
 Time of Examination: from 10:30 a.m. or p.m. to 11:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no \_\_\_\_\_  
 By whom Gary May Time 11:25 A.M. \_\_\_\_\_ P.M.  
 Report received by Jamie Ferguson (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>264-0%</u>	<u>None observed</u>	<u>Ref Hung</u>
2.		<u>None observed</u>	
3.		<u>None observed</u>	
4.	<u>3L</u>	<u>None observed</u>	
5.	<u>4</u>	<u>Scrap cut</u>	<u>hung reflectors</u>
6.	<u>5</u>	<u>None observed</u>	<u>?</u>
7.	<u>5R</u>	<u>None observed</u>	
8.	<u>6</u>	<u>None observed</u>	
9.	<u>7</u>	<u>None observed</u>	
10.			

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17010</u>		

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> at time of exam  
Track, Travel ways, haulage ways, power center, charges, rescue chamber,  
intake phase clear at time of exam  
No spotter in chamber

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 37227  
 Countersigned [Signature] Mine Foreman Certificate No. 26041  
 Assistant Foreman Certificate No. 38484  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 12-25-09 2009 Section or Area Examined HG 23  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by BRIGHT OUT (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>Section IDle no Power</u>	<u>No Preshift</u>	<u>Danger Board At mouth</u>
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1539A \_\_\_\_\_  
 Preshift-Mine Examiner \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 Certificate No. \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 26041 \_\_\_\_\_  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Supervisor of Approval

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26-09 20 HC23 Section or Area Examined  
 Time of Examination: from 300 a.m. or p.m. to 600 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

Location	Violation or Hazardous Condition	Action Taken
1. Section Title	NO Power	no Preshift
2. _____	_____	_____
3. _____	_____	Dangered off A/mouth
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1557A Certificate No. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 2604C Mine Manager - Mine Foreman \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

John B. Buckner 26/06

WVDC 1354-A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 8-5-57 Shift 1st Area or Section 2nd

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>7-10-57</u>	<u>2nd 20</u>	<u>OK</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent of Assinippi

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-26 20 09 Section or Area Examined H623  
 Time of Examination: from 1:00 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 \_\_\_\_\_  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Walter Cochran 1354-A \_\_\_\_\_  
 Shift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 26241 \_\_\_\_\_  
 Mine Manager Mine Foreman Assistant Foreman  
 \_\_\_\_\_  
 Assistant Foreman Superintendent or Assistant

[Signature] 15399

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-26-09 20      Section or Area Examined H623  
 Time of Examination: from 830 a.m. or 1130 p.m. to      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. _____	_____	_____
2. _____	_____	_____
3. <u>Section Idle</u>	<u>NO Power</u>	<u>no Preshift</u>
4. _____	_____	_____
5. _____	_____	<u>Dangered off at</u>
6. _____	_____	<u>mouth</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 *Myer Cole* 1947-A \_\_\_\_\_  
 Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned *Chaga* 26041 \_\_\_\_\_  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-27-09 2009 Section or Area Examined HG 23  
 Time of Examination: from 3:00  a.m. or p.m. to 4:00  a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought out  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section IDLE</u>	<u>No Preshift</u>	<u>Dangeres off</u>
2. <u>No Power</u>		<u>At mouth</u>
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1947-A  
 Preshift Mine Examiner Certificate No.  
 Countersigned [Signature] 26041  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

W. D. Carpenter 1354-A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent of Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-27 2009 Section or Area Examined H0 23  
 Time of Examination: from 12 a.m. or PM to 5 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Bill C Time 2:30 A.M. P.M.  
 Report received by Jary Inant 39199  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>No Preshift</u>	<u>Dangened off</u>
2. <u>No Power</u>		<u>at Mouth</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM

Remarks:

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This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 W. Campbell 1354A Assistant Foreman Certificate No.  
 Countersigned [Signature] 260211 Mine Manager, Mine Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### 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 Foreman

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 12-27 2009 Section or Area Examined HG 23  
 Time of Examination: from 8:30 a.m. or PM to 11:00 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Steve Time 11:07 P.M.  
 Report received by [Signature] 12-27-09  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>NO Preshift</u>	<u>Dangered of at</u>
2. <u>NO Power</u>		<u>Mouth of Section</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM

Remarks:

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This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Chief Mine Examiner  
 Certificate No. 26041  
 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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-28-09 20 11/20 Section or Area Examined \_\_\_\_\_  
 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 night out 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>Section 206E</u>	<u>No Power</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 31002  
 Countersigned [Signature] \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. 26041  
 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-28 2009 Section or Area Examined HG-23  
 Time of Examination: from 10:05 a.m. or p.m. to 10:35 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Tom Sheets Time 11:20 A.M. P.M.  
 Report received by Danny Laverty (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	Roadways 0%Chy	None Observed	Reported
2.	Travel Ways Power Center Charger	" "	"
3.		" "	"
4.		" "	"
5.			
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
LOB 0%Chy	16,416		

Remarks: 0%Chy 0ppm CO 21.2% O2 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 W. Va. Mining Laws and 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 TC Sheets Certificate No. 32524 Assistant Foreman Danny Laverty Certificate No. 37070  
 Countersigned Ray W. Moore Mine Foreman Certificate No. 33507  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-28-09 20      Section or Area Examined HG 23  
 Time of Examination: from 1:50 a.m. or p.m. to 2:10 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>Section Idle</u>		
2. <u>CH4</u>		
3. <u>Power Centers</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>Chargers</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>TRACK &amp; TRAVELWAYS</u>	<u>Clear</u>	
6. <u>    </u>		
7. <u>    </u>		
8. <u>    </u>		
9. <u>    </u>		
10. <u>    </u>		

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>10,800</u>		

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

Freshair Bay - Clear  
Intake Phone - Working

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

Signed By Scott Halstead 37567 Assistant Foreman Certificate No.       
 Countersigned Tony Williams 33357 Mine Manager Mine Foreman Assistant Foreman Certificate No.       
 Assistant Foreman Superintendent or Assistant

Wes Col 1947-A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-28-09 2009 Section or Area Examined HG23  
 Time of Examination: from 8:30 a.m. or pm to 11:30 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. Section IDle		
2. CA4		
3. Power centers 0%	None observed	None
4. Chargers 0%	None observed	None
5. Track Travelways	Clear	
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
LOB	11,035		

Remarks: 0% CH4, 20.8% O2, 0ppm C.O. Detected At Time of exam  
OUTBY shelter OK  
INTAKE Phone working

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 1947-A Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 33389 \_\_\_\_\_  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-29-09 20 09 Section or Area Examined HG 23  
 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 out (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section IDLE</u>		
2. <u>Power center 0% CH<sub>4</sub></u>	<u>None observed</u>	<u>None</u>
3. <u>Charger 0% CH<sub>4</sub></u>	<u>None observed</u>	<u>None</u>
4. <u>Track, Travelways</u>	<u>Clear</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

## Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>11,140</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm C.O. Detected  
Outby shelter OK  
Intake phone working

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 1947-A Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman 33389 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-29-09 20 Section or Area Examined HG a3  
 Time of Examination: from 2:00 a.m. or (p.m.) to 2:15 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>Section Idle</u>		
2. <u>CH4</u>		
3. <u>Power Centers</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>Chargers</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>tracks &amp; travelways</u> <u>0%</u>	<u>Clear</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

*Air Measurements*

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>12,280</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM  
Fresh Air Bay - Clean  
Intake Phone - Working

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

Signed By Scott Hatfield 37567 \_\_\_\_\_  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Tyler W. Moore 33389 \_\_\_\_\_  
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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman \_\_\_\_\_ 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 12-29-09 20 11 Section or Area Examined H/6 23  
 Time of Examination: from 8:30 a.m. or p.m. to 11:30 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>Section Idle</u>	<u>NO Power</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 33359  
 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 12-30-09 20 Section or Area Examined 46 23  
 Time of Examination: from 5:00 a.m. or p.m. to 6:40 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>Section Idle</u>	<u>no power</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 15377 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 33329 Mine Manager Mine Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_  
with Compliance 1354-A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-30 2009 Section or Area Examined H523  
 Time of Examination: from 2:00 a.m. or 2:30 p.m. to 2:30 a.m. or 2:30 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Billy Campbell Time 2:40 P.M.  
 Report received by George Curry 27429  
(Signed)

### Violations and other Hazardous Conditions Observed and Reported

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

### Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO  
Tracks & travel ways 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 W. Va. Mining Laws and 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 <u>W.D. Campbell</u> <small>Preshift-Mine Examiner</small>	<u>1354-A</u> <small>Certificate No.</small>		
Countersigned <u>Tony Moore</u> <small>Mine Manager Mine Foreman</small>	<u>53389</u>	<small>Assistant Foreman</small>	<small>Certificate No.</small>
<small>Assistant Foreman</small>			
		<small>Superintendent or Assistant</small>	
		<u>Don Hillman</u> <u>1530A</u>	

Use Indefinible  
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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12 30 09 20      Section or Area Examined H6 23  
 Time of Examination: from 830 a.m. or PM to 1100 a.m. or PM  
 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>PC'S, Chargers OK</u>	
2. <u>    </u>		
3. <u>    </u>		
4. <u>    </u>		
5. <u>    </u>		
6. <u>    </u>		
7. <u>    </u>		
8. <u>    </u>		
9. <u>    </u>		
10. <u>    </u>		

### Air Measurements

Location	CFM	Location	CFM
<u>Good Airment</u>			
<u>    </u>			

Remarks: 06 CH4 02 CO 20.88 O2  
TRAVELWAYS OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 15311 Assistant Foreman  
 Countersigned [Signature] Certificate No. 33359 Superintendent or Assistant  
 Mine Manager Mine Foreman  
 Assistant Foreman

John B. Bickford 26176

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 12-31-09 20\_\_ Section or Area Examined H&D  
 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 Dwight Jut 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>Section I DHE</u>	<u>NO WORK</u>	<u>P-C: Track OK</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>L-0-3</u>	<u>15,796</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OK only open CO, 20.8% O2 detected at time of exam  
Track, Traveling, power cables, Chamber duty OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 29042 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman 33389 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 12-31-09 20 4623 Section or Area Examined  
 Time of Examination: from 11:00 ~~a.m.~~ or p.m. to 2:00 a.m. or ~~p.m.~~  
 Was this report phoned to outside: Yes  no  
 By whom J. Bickford Time A.M. 1:45 ~~P.M.~~  
 Report received by Tim Williams  
 (Signed)

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

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

#### Air Measurements

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

Remarks: 0% CH4, 0% CO O2 20.8% Detected at time of Exam  
TRAIL/TRAVELWAYS, power centers, outby Refuge chamber OK at Exam  
Intake Phone - OK

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

Signed By John G. Bickford 26176  
 Preshift Mine Examiner Certificate No.  
 Countersigned Ty Moore 33359  
 Mine Manager Mine Foreman  
 Assistant Foreman

[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 1659A  
1537A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 12-31-09 20 11 Section or Area Examined H623  
 Time of Examination: from 830 a.m. or p.m. to 1130 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Bought out Time 0 A.M. 110 P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1539A Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 39359 \_\_\_\_\_  
 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 1-1-10 20   Section or Area Examined HG-23 #2 Section  
 Time of Examination: from 3:00  a.m. or 6:00  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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section IDLE</u> <u>CH4</u>	<u>No Power No Work</u>	
2. <u>        </u>		
3. <u>        </u>		
4. <u>        </u>		
5. <u>        </u>		
6. <u>        </u>		
7. <u>        </u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

#### Air Measurements

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

Remarks: OxCH4 open co, 20.8% O2 detected at the of exam  
Truck's, Traveling's ok

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

Signed By John Gell Certificate No. 31041 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Tony Moore Mine Manager Mine Foreman \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

John B. Beckford 26176

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

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 1-1-10 20 10 Section or Area Examined H6 23  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ 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

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

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0.0% CO<sub>2</sub>, 20.8% O<sub>2</sub> at Exam time  
Track/Travelways clear at Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 W. J. Campbell Certificate No. 1354A  
 Preshift-Mine Examiner  
 Countersigned T. J. Moore Certificate No. 33339  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Don Williams 1939

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 1-1-10 20 10 Section or Area Examined HG 23  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 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>No Power No Preshift</u>	<u>DANGERED OFF AT MOUTH</u>
2. _____	_____	_____
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 PPM C.O. Detected  
TRACK, TRAVELWAYS OK AT TIME OF EXAM

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1947-A Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 33389 Mine Manager Mine Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### 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 Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Report shall be signed when made

# PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 1-2-10 Section or Area Examined HG 23  
 Time of Examination: from 3:00 AM or p.m. to 6:00 AM or p.m.  
 Was this report phoned to outside: Yes no Time          A.M.          P.M.  
 By whom           
 Report received by Brought out (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No walk, No power</u>	<u>No Preshift</u>	<u>DANGERED OF AT MOUTH</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

## Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Yung Cole  
 Preshift Mine Examiner  
 Countersigned Tom Moore  
 Mine Manager Mine Foreman  
 Assistant Foreman

1947-A  
 Certificate No.  
33359

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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ 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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

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 1-3-10 20 Section or Area Examined H-23  
Time of Examination: from 3:00 a.m. or p.m. to 6:00 or p.m.  
Was this report phoned to outside: Yes no  
By whom Straight 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: no work, no power, DANGERED OFF ROAD.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM.

Remarks: Track clear from water hole to mouth of 2. Kyle Anderson

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 1947-A  
Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 33389  
Assistant Foreman

Superintendent or Assistant [Signature] 13841A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Report shall be signed when made

# PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 1-3-10 2010 Section or Area Examined HG23  
 Time of Examination: from 8:30 a.m. or 6 p.m. to 11:30 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>No work</u>	<u>NO PRESHIFT</u>	<u>DANGERED OFF AT MOUTH</u>
2. <u>No Power</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 1947-A \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] \_\_\_\_\_ Mine Manager Mine Foreman 33359 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_  
 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

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 \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 1-4-78 20 10 Section or Area Examined H623  
 Time of Examination: from 12:00 a.m. or pm to 3:00 a.m. or pm  
 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>Section Idle</u>	<u>NO Power</u>	<u>no Preshift</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: TRACK / Travelways clear at Exam 20.9% O<sub>2</sub>, CH<sub>4</sub> 0%, CO 0%

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 W.D. Campbell 132478 \_\_\_\_\_  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33359 \_\_\_\_\_  
 Mine Manager Mine Foreman  
 \_\_\_\_\_  
 Assistant Foreman  
 \_\_\_\_\_  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### 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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant