

Section

Started 1-12-0
STARTED 1-12-10

PRESHIFT - ONSHIFT

and

DAILY REPORT

HIGATE 23

Company Performance Coal

Mine Upper Big Branch

SECTION 2 Section

LOCATION Naome Raleigh W.Va
Post Office County State

Finished 1-29-10

Form 6-1489
(March 1970)

Adopted by you M 42-R 89

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-12 Shift Day Area or Section 72

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.	Out by Shelter needs SPOTTER put Spotter in shelter	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:45-8:15	0	11.		
2.			12.		
3. 1-7	9:45-10:15	0	13.		
4.			14.		
5. 1-7	11:45-12:15	0	15.		
6.			16.		
7. 1-7	1:45-2:15	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Return	7:40	0	6.		
2.			7.		
3. R Return	11:40	0	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) sent over Bolt Torqs with crew at 6:30pm

[Signature] Assistant Mine Certificate No. 59058-08 [Signature] Mine Foreman-Mine Manager Certificate No. 28734 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-12-10 Section or Area Examined #2
 Time of Examination: from 120 a.m. or 9 p.m. to 215 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 250 A.M.
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken	
1.	<u>1, 2</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
2.	<u>3L</u>	<u>20.8</u>	<u>0%</u>	<u>scrap cut</u>	<u>Reflected</u>
3.	<u>4</u>	<u>20.8</u>	<u>0%</u>	<u>muds cleaned & dusted</u>	<u>Reported</u>
4.	<u>5R</u>	<u>20.8</u>	<u>0%</u>	<u>NOT Batted</u>	<u>Reflected</u>
5.	<u>6</u>	<u>20.8</u>	<u>0%</u>	<u>gate in face</u>	<u>Reported</u>
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,600</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

Travelways, walkways, haulageways, power centers and entry shelter clean at time of exam

Intake phone ok at exam time

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

Signed By [Signature] 39078-08 Bruce Collins 1543-A
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28734
 Mine Manager—Mine Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-12-10 Shift eve Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2</u>	<u>N/A</u>	<u>none</u>
2. <u>3L</u>	<u>SCBAP cut</u>	<u>mined cut</u>
3. <u>4</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
4. <u>5R</u>	<u>NOT Bolted</u>	<u>bolted to face</u>
5. <u>6</u>	<u>gab in Face</u>	<u>brushed out</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-6</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-6</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-6</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1012</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 14 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 8 of RCR with copy at end of TR at start of shift

Bruce Collins Assistant Mine 1543-A Certificate No. Rick Peter Mine Foreman-Mine Manager 2873 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-12 2010 Section or Area Examined #2
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom B. Collins Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1	0% CH4 Part Peelted	Reflected
2.	2	0% CH4 none observed	
3.	3	0% CH4 none observed	
4.	4R	0% CH4 SCRAP CUT	Reflected
5.	5	0% CH4 none observed	
6.	6	0% CH4 wood clean & dusted	Rep.
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	21,063		

Remarks: 0% CH4 defct. 0% 20.8 or CO 0%
Haulage + Tronchway clear at exam
Power Center clear

This is to certify that (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By B. Collins 1543A
Freshshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
Countersigned Rick Foster 28234
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-10 20. Section or Area Examined #2 Section
Time of Examination: from 3:30 a.m. or p.m. to 6:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Glen Gillman Time 5:06 (A.M.) P.M.
Report received by Jim Sawyer 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 8 rows of handwritten entries for various face locations and conditions like 'Part Battled' and 'Needs dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry shows '206' and '14,670'.

Remarks: 0% CH4 0% CO 20.8% O2 detected
Haulage, travelways, walkways safe at exam
Lower center & charger safe at exam
intake phone and intake shelter safe at exam

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

* Signed By Glen Gillman 1539A Certificate No. 28735 Assistant Foreman
Countersigned Rick Porter 28735 Mine Foreman
Superintendent or Assistant [Signature] 32058-08

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-13 Shift DAY Area or Section # B H6 23 #2

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Location 1, Violation Part Bolted need dryer, Action correct.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-7 show locations 1-7 with times ranging from 7:30-8:00 to 1:30-2:00 and Methane Content 0.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show locations like L Return with times 7:25 and 11:25 and Methane Content 0.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 4 part 10d11

Handwritten signatures and stamps: Assistant Mine, Certificate No. 79058-06, Mine Foreman-Mine Manager, Certificate No. 28734, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-10 Section or Area Examined A2 section
Time of Examination: from 1 a.m. or P.M. to 2 a.m. or P.M.
Was this report phoned to outside: Yes [checked] no
By whom Steve Haulsh Time A.M. 255
Report received by Susan Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for Location 'LOB' with CFM '22,475'.

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam

tunnels, haulageways, walkways, powercables and other shelter clear at time of exam

Intake Phone ok at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 29058-08
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 23734
Assistant Foreman Susan Collins Certificate No. 1543A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-13-10 Shift EW Area or Section #7 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>SCRAP out</u>	<u>mined out</u>
2. <u>2,3</u>	<u>N/A</u>	<u>none</u>
3. <u>4R</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
4. <u>5,6</u>	<u>N/A</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-6</u>	<u>630-705</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-6</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-6</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1014</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Good pay 4 part 9 of R.R. with crew at start of shift at end of it
Bruce Collins Assistant Mine 1543-A Certificate No. Rick Pate Mine Foreman-Mine Manager 28751 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13 20 10 Section or Area Examined #2
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom B. Collins Time A.M. P.M.
Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 detailing observations like 'need clean & dusted' and 'SCRAP'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: hob 21,872

Remarks: NoCH4 det 0% 20.5oz CO 0%
Haulage & Transway clear
Plc Fresh Air Bay - Intake Phone clear
Dan W. 1537A

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By B. Collins 1543A Certificate No.
Countersigned Rich Asta 28236 Assistant Foreman Certificate No.
T. Peterson 29611 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-14-10 20. Section or Area Examined HG22
 Time of Examination: from 3:20 or p.m. to 4:40 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>1 OF ch4</u>	<u>None observed ^{Cleaned & dusted}</u>	<u>Reported</u>
2.	<u>2LT OF ch4</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
3.	<u>3 OF ch4</u>	<u>none observed</u>	<u>none</u>
4.	<u>4R OF ch4</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
5.	<u>5 OF ch4</u>	<u>Scrap</u>	<u>Reflected</u>
6.	<u>6 OF ch4</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,650</u>		

Remarks: OF ch4, OF CO, 208602
PC'S, Charges, Intake Phone, Ref. gc,
TRAVELWAYS OK

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

Signed By [Signature] 1534A Certificate No. 2824
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman Superintendent or Assistant

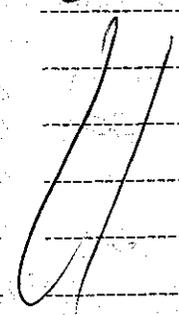
Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-14 Shift DAY Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs clear drilled</u>	<u>correct</u>
2. _____	_____	_____
3. _____	_____	_____
4. <u>4P</u>	<u>needs clear drilled</u>	
5. <u>5</u>	<u>4 CIAP</u>	
6. _____	_____	
7. _____	_____	
8. _____	_____	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>8:30-9:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-6</u>	<u>10:30-11:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-6</u>	<u>12:30-1:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>H622</u>	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L LOP</u>	<u>8:25</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>R LOP</u>	<u>10:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12
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) wait over covers Bolting with C.N

[Signature] Assistant Mine Foreman
3058-08 Certificate No.
Rick Zita Mine Foreman-Mine Manager
2922 Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-14-10 Section or Area Examined AG 23
Time of Examination: from 1 a.m. or 9 a.m. to 2 a.m. or 10 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Harrah Time 3 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 5 entries with details like 'needs cleaned', 'SCRAP cut', 'n/o', 'needs cleaned & dusted', 'Part Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry: Location LOB, CFM 23,220.

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam
Tunnels, walkways, haulage ways, powerlines and other shelter clear at time of exam
Intake Phone OK at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 3078
Assistant Foreman Bruce Collins Certificate No. 1543-A
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman [Signature]
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-14-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries like 'needs cleaned', 'SCRAP out', 'N/A', 'Part Bolted', and 'scoop Down'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten data for locations 1-6 with methane content percentages like 0%, 0.9%, and 0.7%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten data for return aircourses with methane content percentages like 0% and 0.9%.

Number of Bolts Tested 16 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Hand page 4 part 1 of RCP with down at end of tk at start of shift. Includes signatures for Assistant Mine, Certificate No. 1543-A, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-14 20 10 Section or Area Examined H6 23
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Callins Time 11:00 A.M. P.M.
 Report received by T. Peterson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry O ₂ CH ₄	need clean	
2. 2L O ₂ CH ₄	need clean & dusted	Rep.
3. 3 O ₂ CH ₄	SPRASP cut	Reflector
4. 4 O ₂ CH ₄	none	
5. 5R O ₂ CH ₄	part bolts	Reflector
6. 6 O ₂ CH ₄	need clean & dusted	Rep.
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
hob	2,960		

Remarks: NOCH₄ det. O₂ 20.50% CO₂
Haulages Trunkways clear at exam
Power Center Fresh Air Bay shut down phone ok
* Sec. need add. cleaning

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

Signed By B. Callins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned Rick Foster 28236
 Mine Manager - Mine Foreman
T. Peterson 29611
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-15-10 20 Section or Area Examined HG 23 section
Time of Examination: from 3:30 a.m. or p.m. to 6:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Glen Williams Time 5:16 (A.M.) P.M.
Report received by Joe Sawyer 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
#1 Face	0%	Needs cleaned & dusted	Reported
#2 Face	0%	Fast belted	Replastering being
#3 Face	0%	Needs add dusting	Reported
#4 Face	0%	None observed	None
#5 Face	0%	None observed	None
#5R Face	0%	Scrap cut	Replastering being
#6 Face	0%	Needs cleaned	Reported
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
208	20,160		

Remarks: 0% CH₄ 0% CO 20.8% O₂ detected
Wauage and travelways safe at exam
Lower center and chargers safe at exam
Refuge chamber & intake chamber phone ok at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Glen Williams 1550A Certificate No. 28734
Countersigned Rich Porter Mine Manager - Mine Foreman Assistant Foreman Certificate No. 32058-05
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 1-15 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs cleaned</u>	<u>corrected</u>
2. <u>2</u>	<u>Part Bolted</u>	
3. <u>3</u>	<u>needs add dustre</u>	
4. <u>OK</u>	<u>SCAP</u>	
5. _____	_____	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L betu</u>	<u>7:25</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>R betu</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) was over by 6 from 21-24 before

[Signature] Assistant Mine 3205808 Certificate No. [Signature] Mine Foreman-Mine Manager 25732 Certificate No. [Signature] Superintendent of Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-15-10 20 Section or Area Examined Headgate 23
Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Harwick Time 2:15 P.M.
Report received by Rick Foster
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry, 0' ch ² - 20320 ₂	none observed	none
2. #2 entry, 0' ch ² - 20320 ₂	none observed	none
3. #3 entry, 0' ch ² - 20320 ₂	not listed	reflector
4. #4 entry, 0' ch ² - 20320 ₂	none observed	none
5. #5 right, 0' ch ² - 20320 ₂	needs cleaned dusted	reported
6. #6 entry, 0' ch ² - 20320 ₂	scrap cut	reflector
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L.O.X. cut</u>	<u>22,175</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20320₂, 0' ch², 0% CO, track, trackways, power
centers, scrap choppers clear at time of exam.

Outby shelter clear at time of exam.
Inside phone clear at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 39058-08 Benjamin Collins 1543-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Rick Foster 2923
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 1-15-10 Shift eve Area or Section HC #33

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/O</u>	<u>none</u>
2. <u>2</u>	<u>N/O</u>	<u>none</u>
3. <u>3</u>	<u>Not Bolted</u>	<u>bolted to face</u>
4. <u>4</u>	<u>N/O</u>	<u>none</u>
5. <u>5R</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
6. <u>6</u>	<u>SCRAP cut</u>	<u>mined cut</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-C</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-C</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-C</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-C</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1013</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Ramin Collins Assistant Mine Certificate No. 1543A
Rick Peter Mine Foreman-Mine Manager Certificate No. 2523
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-15-10 Section or Area Examined HG 23
 Time of Examination: from 10:00 a.m. or 10:50 p.m. to 10:50 a.m. or 10:00 p.m.
 Was this report phoned to outside: Yes no
 By whom DAN COLLINS Time 11:20 A.M. P.M.
 Report received by DAN COLLINS 1947-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1, 2, 3, 0%CH ₄ 20.8%O ₂	None observed	Reported
2. 4 L 0%CH ₄ 20.8%O ₂	Needs Cleaned and Dusted	Reported
3. 5 0%CH ₄ 20.8%O ₂	SCRAP GUT	REFLECTORS
4. 5R, 6 0%CH ₄ 20.8%O ₂	NEEDS CLEANED	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB	22,110		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0%CH₄, 20.8%O₂, 0PPM C.O. Detected
TRACK, TRAVELWAYS, POWERCENTERS, SCOOP CHARGERS OK AT TIME OF EXAM
INTAKE PHONE, OUT BY SHELTER OK

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

Signed By Dan Collins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned Paul Foster 2874
 Mine Manager Mine Foreman Assistant Foreman Certificate No.

DAN COLLINS 1947-A

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-16-10 Section or Area Examined HG 23
 Time of Examination: from 3:30 a.m. or pm to 6:30 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom G. Wilman Time 5:32 A.M. P.M.
 Report received by Jim Bayne 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 Face 20810 O ₂	None observed	None
#2 Face 20820 O ₂	None observed	None
#3 Face 20810 O ₂	None observed	None
#4 Face 20860 O ₂	None observed	None
#4 L Face 20810 O ₂	Part melted	Reflected down
#5 Face 20820 O ₂	Needs cleaned and dusted	Reported
#6 Face 20810 O ₂	None observed	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>408</u>	<u>21680</u>		

Remarks: O₂ CH₄ O₂ CO 20.8% O₂ detected
lunch, haulways, haulways, power center,
chargers safe at exam
Intake phone and entry shelter ok at exam

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

Signed By: Don Wilman 1527 Assistant Foreman Certificate No.
 Countersigned: Frank Foster 28736 Mine Manager—Mine Foreman
[Signature] 37058-08 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-16 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	<u>Y</u>	<u>Part Bolted</u>
4.	<u>Y</u>	<u>needs chemical dress</u>
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>7:25</u>	<u>Ø</u>	6. <u>9:00 10:00</u>	<u>9:00</u>	<u>Ø</u>
2.			7.		
3. <u>L Return</u>	<u>11:05</u>	<u>Ø</u>	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over roof of H623

[Signature] Assistant Mine Certificate No. 3058-18 T. Moore Mine Foreman-Mine Manager Certificate No. 3525-9 [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-16-10 Section or Area Examined HG # 23
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Harrah Time A.M. 250 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 5 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 6 rows of data including locations 20.8 and violations like 'Part Bolted' and 'needs cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row with Location 'LOB' and CFM '22,285'.

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam

Transects, walkways, haulageways, power centers and outby shelter ok at time of exam

Intake Phone ok at exam time

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

Signed By [Signature] Certificate No. 3058-05 Brian Collins Assistant Foreman Certificate No. 1543-A
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 1-16-20 Shift eve Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>Part Bolted</u>	<u>dealt to face</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. <u>4</u>	<u>SCRAP cut</u>	<u>mined out</u>
5. <u>5</u>	<u>N/A</u>	<u>none</u>
6. <u>6</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-6</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-6</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-6</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Returns</u>	<u>6:30</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12 Below Range 0

Number of Bolts Torqued Above Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Need page 4 part 5 of RCP unit

Thomas Collins
Assistant Mine

1543-A
Certificate No.

F. Mann
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-16-10 Section or Area Examined HG 23
 Time of Examination: from 10:00 a.m. or 6:30 a.m. to 10:30 a.m. or 6:00 a.m.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time A.M. 11:00 P.M.
 Report received by Steve Cole 1447-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 0% CH ₄ 20.8% O ₂	None observed	Reported
2. #2 0% CH ₄ 20.8% O ₂	Part Bolted	Reflectors
3. #3 0% CH ₄ 20.8% O ₂	None observed	Reported
4. #4 0% CH ₄ 20.8% O ₂	Scrap cut	Reflectors
5. #5, #6, 0% CH ₄ 20.8% O ₂	None observed	Reported
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB	22,100		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, 0 PPM C.O., 0% CH₄, Detected

Travel ways, Haulage ways, walkways, Powercenter, Intake phone, out by shelter, OK AT TIME OF exam

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1543-A
 Countersigned Tom Moore Mine Manager—Mine Foreman Certificate No. 58257

Assistant Foreman

Superintendent or Assistant

Steve Cole 1447-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. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Inspector of Mines

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-17 2010 Section or Area Examined HG #23
 Time of Examination: from 3:30 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom William Graham Time 5:10 P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Belt transformer	None Observed	Reported
2. #2 Belt transformer	None Observed	Reported
3. #3 Belt transformer	None Observed	Reported
4. Section transformer	None Observed	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: Track & P.C OK at time of exam no CH4/CO detected
20.8% O2 Intake phone & at by shelter OK at time of exam

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

Signed By William Graham 30958-08 Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-17 2010 Section or Area Examined H6 23
 Time of Examination: from 1230 a.m. or 6 p.m. to 130 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom SAB Time 210 A.M. P.M.
 Report received by Jacq Stewart 39199
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
----------	----------------------------------	--------------

1. Section Idle
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Air Measurements

Location	CFM	Location	CFM
----------	-----	----------	-----

<u>LOB</u>	<u>29,184</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:

0% CH₄, 0% CO, 20.8% O₂
Track, Travelway, Intake Probe, Chamber OK at exam

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

Signed By John A. Buckford 26176 Assistant Foreman Certificate No.
 Countersigned T. M... 33357 Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-17 2010 Section or Area Examined HG23
Time of Examination: from 9:00 a.m. or p.m. to 9:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom B. Campbell Time 11:00 A.M. P.M.
Report received by T. Johnson 29611
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entries 0200 20.802	none observed	
2. 2 0% 20.802	need clean & dusted	Rep.
3. 3L 0% 20.802	need clean & dusted	Rep.
4. 3 0% 20.802	none observed	
5. 4 0% 20.802	SCRAP CUT	Reflector
6. 5 0% 20.802	none observed	
7. 6 0% 20.802	need dusted	Rep.
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.O.B	21,440		

Remarks: ROCKY DUCT. 0% 20.802 CO 0%
Haulage & Trunkway's clear at exam
Fresh Air Bay & Intake House clear
Refuse Chamber 6 Mt.

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

Signed By W. Campbell 1354-14
Preshift-Mine Examiner Certificate No. 38357
Countersigned T. Johnson Mine Manager - Mine Foreman
T. Johnson Assistant Foreman
T. Johnson 29611 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-18-10

Shift 3rd

Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section under construction	Belt-power move	
2.		
3.		
4. NO power		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:55 Am	0%	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)

talke to crew about
pinch points around scoops

[Signature]
Assistant Mine

147A-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

35359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-18 20. Section or Area Examined H6 23
 Time of Examination: from 4:50 a.m. or p.m. to 6:30 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom J. H. Thomas Time 2:50 A.M. P.M.
 Report received by S. Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 CH40% O220.8%	none observ	
2 CH40% O220.8%	needs cleaned	Ref
3 CH40% O220.8%	needs cleaned	Ref
4 CH40% O220.8%	SCAP	Ref.
5 CH40% O220.8%	none observ	
6 CH40% O220.8%	none observ	
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>L06</u>	<u>25718</u>		

Remarks: Power center and Roadways clear At time of Exam
CH40% O220.8%

Out by shelter clear At time of Exam

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

Signed By J. H. Thomas Preshift-Mine Examiner Certificate No. 1479-A
 Countersigned T. Mine Mine Manager—Mine Foreman Certificate No. 33359
[Signature] Assistant Foreman Certificate No. 32058-08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date

1-18

Shift

RAY

Area or Section

H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. 2	needs cleaned up	corrected
3. 3L	needs cleaned up	
4. 4	SCAB	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-6	1:30-8:00	0	11.		
2.			12.		
3. 1-6	9:30-10:00	0	13.		
4.			14.		
5. 1-6	11:30-12:00	0	15.		0.05
6.			16.		
7. 1-6	1:30-2:00	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. C. Retw	7:25	0	6.		
2.			7.		
3. C. Retw	10:25	0	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) was over Pg. 4 Para 12-12

R. J. Kellar Assistant Mine Foreman
T. Moore Mine Foreman-Mine Manager
33359 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-18-10 Section or Area Examined HG #23
Time of Examination: from 1 a.m. or pm. to 2 a.m. or pm.
Was this report phoned to outside: Yes no
By whom Steve Hannah Time A.M. 240 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10), Violation or Hazardous Condition (e.g., N/A, SCRAP cut, Part Bolted), Action Taken (e.g., None, Reflectors, none)

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: 208, 22,430

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam

Travelways, walkways, haulageways, powercenter and entry shelter clear at time of exam

Intake phone clear at time of exam

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

Signed By [Signature] 390808 Bruce Collins 1543-A
Premix-Mine Examiner Certificate No. Assistant Foreman, Certificate No.
Countersigned [Signature] 3335- 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 1-18-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-4 with violations like 'N/A', 'SCRAP cut Part Bolted', and 'N/A'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-7 with times like '500-530' and '09%'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-3 with times like '630' and '09%'.

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

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

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

Handwritten remarks: 'with crew at stud of shaft at end of 11C' and 'found page 4 part 2 of RCP'

Assistant Mine signature: Deann Collins

Certificate No. 1543-B

Mine Foreman-Mine Manager signature: T. Williams

Certificate No. 3338

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination: 1-18 2010 Section or Area Examined HG #23
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Callins Time 11:00 A.M. PM
 Report received by T. Johnson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry's 0204 20.8oz	none observed	
2. 2 0% 20.8oz	need add. cleaning	Rep.
3. 3L 0% 20.6oz	need clean	Rep.
4. 3 0% 20.8oz	SCRAP CUT	Reflected
5. 4 0% 20.8oz	part Bolted	Reflected
6. 5 0% 20.8oz	none observed	
7. 6 0% 20.5oz	none observed	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.O.B	22,130		

Remarks: Loc 4 det. 0% 20.8oz CO2
Haulage & Tranche ways clean at exam
Power Center clean
Fresh air bay - intake frame clean

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

Signed By [Signature] Preshift-Mine Examiner, Certificate No. 1477A
 Countersigned T. Johnson Mine Manager—Mine Foreman, Certificate No. 33357
[Signature] Assistant Foreman, Certificate No. 1543.17
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-19-10

Shift 3rd

Area or Section 4G 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-6	206-227	0%	11. _____	_____	_____
2. 1-6	406-427	0%	12. _____	_____	_____
3. 1-6	606-627	0%	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	204	0%	6. _____	_____	_____
2. Return	604	0%	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) talk with crew about work Area's Loose Ribs, top, tripping Hazards

[Signature]
Assistant Mine

1478A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33357
Certificate No.

Superintendent or Assistant

Indelible
Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

of Examination 1-19 Section or Area Examined H627
 of Examination: from 4:00 a.m. or p.m. to 4:00 a.m. or p.m.
 this report phoned to outside: Yes no
 whom Si Thomas Time 5:50 AM P.M.
 report received by R. Hannal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 CH40% O220.8%	none observe	
2 CH40% O220.8%	none observe	
3 CH40% O220.8%	NOT Bolted	Repl
4 CH40% O220.8%	needs add'l cleann'g	Repl
5+6 CH40% O220.8%	none observe	

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23487</u>		

Remarks: Power center and Roadways clear AT time of exam
CH40% O2 20.8%

Out by Chamber clear AT time of Exam.

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-19 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	<u>NOT Bolted</u>	<u>Corrected</u>
4.	<u>weird SADDL</u>	<u>clean</u>
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>7:25</u>	<u>0</u>	6.		
2.			7.		
3. <u>L Return</u>	<u>11:25</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over EXAMING ROOF

SO Hallal 39058-08 T. M. ... 33357
Assistant Mine Superintendent or Assistant
Certificate No. Mine Foreman-Mine Manager Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-19-10 20. Section or Area Examined HC # 23
Time of Examination: from 1 a.m. or PM to 2 a.m. or PM
Was this report phoned to outside: Yes / no ---
By whom Steve Harrah Time 250 01 A.M.
Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>1</u> <u>20.8</u>	<u>0%</u>	<u>NOT Batted</u>	<u>Reflectors</u>
2.	<u>23</u> <u>20.8</u>	<u>0%</u>	<u>N/O</u>	<u>None</u>
3.	<u>4B</u> <u>20.8</u>	<u>0%</u>	<u>SCRAP CUT</u>	<u>Reflectors</u>
4.	<u>5,6</u> <u>20.8</u>	<u>0%</u>	<u>N/O</u>	<u>None</u>
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,670</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

tunnels, walkways, haulageways, powerlines and other
shells done at time of exam

Intake Phone ok at exam time

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

Signed By [Signature] 52068-08 Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 33357
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-19-10 Shift eve Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as 'NOT Bolted', 'N/A', 'Scrap cut', and 'halted to face'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for methane examinations, mostly showing 0% content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten entries for methane examinations in return aircourses, showing 0% content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 9 part of RCR with crew at start of shift at end of TK

Assistant Mine: Bruce Collins, Certificate No. 1543-A; Mine Foreman-Mine Manager: T. Moore, Certificate No. 3357; Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-19 2010 Section or Area Examined HG 23
 Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom S. Collins Time 11:02 A.M. P.M.
 Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry 070CH4 20.802	SCRAP CAT	Reflectors
2. 2 070CH4 20.802	none observed	none
3. 3 070CH4 20.802	none observed	none
4. 4 070CH4 20.802	none observed	none
5. 5 070CH4 20.802	none observed	none
6. 6 070CH4 20.802	none observed	none
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	22900		

Remarks: NOCH4 det. 0% 20.802 CO2
Haulage & haulways clear at exam
Power Center Clear
Fresh air Bay & intake phone clear

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

Signed By S. Collins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned T. Peterson 29611
 Mine Manager—Mine Foreman Assistant Foreman
T. Peterson 29611
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-20-10 Shift 3rd Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-6</u>	<u>1253-1159am</u>	<u>0%</u>	11. _____	_____	_____
2. <u>1-6</u>	<u>253-316am</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-6</u>	<u>453-516am</u>	<u>0%</u>	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. <u>Return</u>	<u>1250am</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>450am</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk page 9 Para 2,3,4
of Roof control plan

[Signature]
Assistant Mine

1479-A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3357
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-20 Section or Area Examined #11623
Time of Examination: from 7:00 a.m. or p.m. to 6:46 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom S. Thomas Time 5:50 A.M. P.M.
Report received by S. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH4 0% O2 20.8%	none observed	
2. CH4 0% O2 20.8%	none observed	
3. CH4 0% O2 20.8%	none observed	
4. CH4 0% O2 20.8%	none observed	
5. CH4 0% O2 20.8%	SCRAP CUT	REF1.
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L Return	23671		

Remarks: Power center & roadways clear at time of exam
CH4 0% O2 20.8%

Outburst shelter clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33357
Assistant Foreman [Signature]
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-20

Shift DAY

Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.		
4.		
5.		
6.	6R SCAP CUT	Finished, Bolted and cleaned.
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Chet	7:25	0	6.		
2.			7.		
3. Chet	11:25	0	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 12

Number of Bolts Torqued Above Range 0

Below Range 0

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

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

went over to 5 roof control bar

Signature of Assistant Mine Foreman

Certificate No.

Signature of Mine Foreman

Certificate No.

Signature of Superintendent or Assistant

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-20-10 Section or Area Examined HG #23
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Hancock Time A.M. 225
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (O2, CH4), Violation or Hazardous Condition, and Action Taken. Contains 5 rows of data including locations 1,2; 2L; 3; 4,5,6; and GR.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row with LOB and 23,875 CFM.

Remarks: 20.8% O2 0% CH4 Oppm CO at time of exam

Travelways, walkways, haulways, passageways and outby shelter clear at time of exam

Intake Phone ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 305808 Bruce Collins 1543-A
Countersigned [Signature] 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 1-20-10 Shift eve Area or Section HGA23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2</u>	<u>N/A</u>	<u>none</u>
2. <u>2L</u>	<u>NOT Bolted</u>	<u>bolted to face</u>
3. <u>3</u>	<u>SCRAP cut</u>	<u>mined cut</u>
4. <u>45, G</u>	<u>N/A</u>	<u>none</u>
5. <u>GR</u>	<u>Paint Bolted</u>	<u>bolted to face</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-G</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-G</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-G</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-G</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1014</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 16
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Read page 4 part C of R.C.P with crew at end of TK at start of shift

Brian Collins
Assistant Mine

1543-A
Certificate No.

F. Moore
Mine Foreman-Mine Manager

35359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-20 2010 Section or Area Examined HG 23
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom B. Collins Time 11:04 A.M. P.M.
 Report received by T. Moore 2010
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2 entries O ₂ 20.80	none observed	none
2. 3 O ₂ 20.80	part bolted	Reflect
3. 4-5-6 O ₂ 20.80	none observed	none
4. 6RT. O ₂ 20.80	SCAP cut	Reflect
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,725</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: ROCM4 Sect. O₂ 20.80 CO₂
Power Center clear
Haulage & Trunkways clear at exam
Fresh Air Bay - Intake Show clear

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

Signed By Brian Collins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned T. Moore 33357
 Mine Manager - Mine Foreman Assistant Foreman Certificate No.
Ray Peterson 8904
 Assistant Foreman Superintendent or Assistant
1477A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21-10 Shift 3rd Area or Section H:9 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>104-130AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>304-330AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>504-530AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>100AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>500AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks. (Statement as to General Conditions of Mine or Area of Mine) Safety talk Read Page 9 Para 5,6,7 to crew at 11:30 PM

[Signature]
Assistant Mine

149-A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33357
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-21 20. Section or Area Examined HAG 23
 Time of Examination: from 6:00 a.m. or p.m. to 6:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 6:30 A.M. P.M.
 Report received by J. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH ₄ 0% O ₂ 20.8%	NOT BOILED	Rep.
2, 3 CH ₄ 0% O ₂ 20.8%	none observe	
4, 5 CH ₄ 0% O ₂ 20.8%	none observe	
6 CH ₄ 0% O ₂ 20.8%	none observe	
7 CH ₄ 0% O ₂ 20.8%	wced cleaned & dusted	Rep
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	22480		

Remarks: Powercenter and Roadways clear at time of exam
CH₄ 0% O₂ 20.8%

Outby Shelter clear at time of exam.

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

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

39068-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>wet Bolt Well</u>	<u>Corrected</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>7</u>	<u>needs cleaned washer</u>	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>7:25</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>R Return</u>	<u>10:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Bolt Spacing and test holes with crew at 7:20pm

R. J. Harval Assistant Mine 3058-08 Certificate No. T. Moore Mine Foreman-Mine Manager 35359 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-21-10 Section or Area Examined AG # 23
Time of Examination: from 1 a.m. or P.M. to 2 a.m. or P.M.
Was this report phoned to outside: Yes [checked] no
By whom Steve Hurrell Time A.M. 250 P.M.
Report received by Brian Collins 1543-H (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including locations like '1, 2, 3', '4L', '5G', 'Upper GR', '7', and '7 outby corner'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row with 'LOB' and '22,545'.

Remarks: 20.8% O2 0% CH4 ppm clear at time of exam

Trunkways, walkways, haulageways, powercables and outby chambers clear at time of exam

Intake Phone clear at time of exam

This is to certify that (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 33359
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 1543-H
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-21-10 Shift ave Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>N/A</u>	<u>none</u>
2. <u>4L</u>	<u>not Bolted</u>	<u>halted to face</u>
3. <u>5, 6</u>	<u>N/A</u>	<u>none</u>
4. <u>Upper GB</u>	<u>SCRAP cut</u>	<u>mined cut</u>
5. <u>7</u>	<u>Part Bolted</u>	<u>halted to face</u>
6. _____	_____	_____
7. <u>7 outby corner</u>	<u>needs 3 Jacks</u>	<u>set jacks</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1015</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 6 of RCP with crew at start of shift at end of TK

Brian Collins Assistant Mine 1543-A Certificate No. T. Moore Mine Foreman-Mine Manager 33389 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-21 2010 Section or Area Examined HG23
 Time of Examination: from 10:00 a.m. or p.m. to 11:50 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom B. Collins Time 11:00 A.M. 11:00 P.M.
 Report received by T. Lester (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-3-4-5 entries</u>	<u>Obch4 none found</u>	
2. <u>6R</u>	<u>Ob0 SCRAP</u>	<u>Reflected</u>
3. <u>7</u>	<u>Ob0 none found</u>	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>22,600</u>		

Remarks: Obch4 det. Ob 20.80 000%
Haulage & Trenchways clean at exam.
Power Center clean
Fresh Air Bay - Intake Phone clean

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

Signed By Bruce Collins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned T. Moore 33359
 Mine Manager - Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22-10 Shift 3rd

Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	105-134AM	0%	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. 1-7	205-234AM	0%	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. 1-7	505-534AM	0%	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	100AM	0%	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. Return	500AM	0%	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) Safety talk page 9 para 8,9
of Roof control plan Smoke Search at 1130pm out side.

Assistant Mine

MPA-A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3355
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-22 20 1962 Section or Area Examined ENG 23
 Time of Examination: from 6:00 a.m. or p.m. to 6:30 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom J. Thomas Time 5:50 A.M. P.M.
 Report received by J. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1.2 %CH ₄ or 20.8%	none observ	
2. 3.4 %CH ₄ or 20.8%	none observ	
3. 5 %CH ₄ or 20.8%	PART BOTTED	REF
4. 6 %CH ₄ or 20.8%	none observ	
5. GR %CH ₄ or 20.8%	SCAP	REF
6. 7 %CH ₄ or 20.8%	none observ	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20586</u>		

Remarks: Power center and Roadways clear At time of exam
CH₄ 0% O₂ 20.8%

Out by Chamber O.K AT time of Exam.

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 1479A
 Countersigned T. M. [Signature] Mine Manager—Mine Foreman Certificate No. 3333
[Signature] Assistant Foreman Certificate No. 9058-08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>6</u>	<u>PART Bolted</u>	<u>Rep.</u>
4. _____	_____	_____
5. <u>6R</u>	<u>SCRAP</u>	<u>Finished/Bolted/ Cleared & set</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>7 eta</u>	<u>7:55</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Uken</u>	<u>11:55</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 14 PART 1-2 with crew at 6:30am

Assistant Mine _____ Certificate No. _____
T. Moore Mine Foreman-Mine Manager Certificate No. 3559
Superintendent or Assistant _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-22-10 20 Section or Area Examined HG#23
 Time of Examination: from 130 a.m. or pm to 230 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Steve Harsch Time 230 A.M.
 Report received by Brian Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>1</u> <u>20.8</u>	<u>0%</u>	<u>N/O</u>	<u>NONE</u>
2.	<u>2</u> <u>20.8</u>	<u>0%</u>	<u>Part Bolted</u>	<u>Reflectors</u>
3.	<u>3,4</u> <u>20.8</u>	<u>0%</u>	<u>N/O</u>	<u>NONE</u>
4.	<u>5R</u> <u>20.8</u>	<u>0%</u>	<u>needs 1 Row</u>	<u>Reflectors</u>
5.	<u>6R</u> <u>20.8</u>	<u>0%</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
6.	<u>7</u> <u>20.8</u>	<u>0%</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,970</u>		

Remarks: 20.8%⁰² 0% CH₄ 0ppm^{CO} at time of exam

Tunnels, walkways, haulways, pass centers and
cutty shelters clear at time of exam

Intake Phone ok at exam time

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

Signed By [Signature] 3208-08 Brian Collins 1543-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33357
 Mine Manager—Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-22-10 Shift eve Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) ... Assistant Mine, Certificate No., Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-22-10 20¹⁰ Section or Area Examined HG 23
Time of Examination: from 10:00 a.m. or 6:00 p.m. to 10:00 a.m. or 6:00 p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time 11:15 A.M. P.M.
Report received by G. M. Col 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including measurements like 0% CH4 and 20.8% O2, and actions like 'None observed' and 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry: LOB, 21600.

Remarks: 20.8% O2, 0% CH4, 0 PPM CO. Detected

Travel ways, walkways, haulageways, powercenter, intake phone, out by shelter, OK At time of exam

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1543-A
Countersigned T. M. Mine Mine Manager-Mine Foreman Certificate No. 33359
Assistant Foreman

G. M. Col 1947-A Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination ~~07-24~~ 1-24 2010 Section or Area Examined HG 23
Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom John B Time A.M. 2:15 P.M.
Report received by Jacq Stenak 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. No Power		
2. No Work		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks:
0% CH₄ 0% CO 20.8% O₂
Track, Travelway Clear at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By John R. Beckford 26176 Preshift-Mine Examiner Certificate No.
Countersigned [Signature] 35559 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. _____	_____	_____

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 1-24-10 Section or Area Examined HG 23
 Time of Examination: from 12:15 a.m. or 9 p.m. to 10:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Scagg's Time 11:00 A.M. P.M.
 Report received by May Cole 1477A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-7 0% CH₄ 20.8% O₂</u>	<u>None observed</u>	<u>Reported</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,480</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 20.8% O₂, 0 PPM CO Detected

Travelways, walkways, Power Center, OutBy Shelter, Intake Phone, OK AT TIME OF EXAM

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

Signed By [Signature] Certificate No. 32476
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 33357
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

May 19 1947A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-25-10 Shift 3rd Area or Section H/F 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	240-110Am	0%	11.		
2.			12.		
3. 1-7	240-310Am	0%	13.		
4.			14.		
5. 1-7	440-510Am	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	1235Am	0%	6.		
2.			7.		
3. Return	435Am	0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 9 para 7, 8
To crew at 11:30pm, S.C.S.R'S OK

[Signature] Assistant Mine 1479-A Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-25 20 1966 Section or Area Examined H623
 Time of Examination: from 4:30 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom S. Thomas Time 5:55 A.M. P.M.
 Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1/2 CH40% O220.8%</u>	<u>none observe</u>	
2. <u>3/4 CH40% O220.8%</u>	<u>none observe</u>	
3. <u>5 CH40% O220.8%</u>	<u>none observe</u>	
4. <u>6/7 CH40% O220.8%</u>	<u>none observe</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23467</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power carter and headways clear at time of exam.
CH4 0% O2 20.8%

Out by Chamber clear at time of exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A
 Countersigned Tony Moore Mine Manager—Mine Foreman Certificate No. 33357
[Signature] Assistant Foreman Certificate No. 32058'08
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-25 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:30-8:00</u>	<u>Ø</u>	11. -----	-----	-----
2. -----	-----	-----	12. -----	-----	-----
3. <u>1-7</u>	<u>9:30-10:00</u>	<u>Ø</u>	13. -----	-----	-----
4. -----	-----	-----	14. -----	-----	-----
5. <u>1-7</u>	<u>11:30-12:00</u>	<u>Ø</u>	15. -----	-----	<u>801</u>
6. -----	-----	-----	16. -----	-----	-----
7. <u>1-7</u>	<u>1:30-2:00</u>	<u>Ø</u>	17. -----	-----	-----
8. -----	-----	-----	18. -----	-----	-----
9. -----	-----	-----	19. -----	-----	-----
10. -----	-----	-----	20. -----	-----	-----

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L. Ret</u>	<u>7:25</u>	<u>Ø</u>	6. -----	-----	-----
2. -----	-----	-----	7. -----	-----	-----
3. <u>R. Ret</u>	<u>4:25</u>	<u>Ø</u>	8. -----	-----	-----
4. -----	-----	-----	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 12 Roof Control Plan

[Signature] Assistant Mine
39058-06 Certificate No.
[Signature] Mine Foreman-Mine Manager
3359 Certificate No.
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 1-25-10 20. Section or Area Examined HG #23
 Time of Examination: from 9 a.m. or p.m. to 2 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Steve Horrah Time 230 P.M.
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken	
1.	<u>1,2</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>None</u>
2.	<u>3L</u>	<u>20.8</u>	<u>0%</u>	<u>Not Bolted</u>	<u>Reflectors</u>
3.	<u>4,5</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
4.	<u>5R</u>	<u>20.8</u>	<u>0%</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
5.	<u>6,7</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,670</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

tunnelways, walkways, haulage ways, power cables and
outlet shelter clear at time of exam

Intake Pume ok at exam time

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

Signed By Steve Horrah 39058-06 Bruce Collins 1543-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] 3337
 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 1-25-10 Shift eve Area or Section AG#23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-6.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-7.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for return air courses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 3 of RCP with check at start of shift at end of shift

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-25 2010 Section or Area Examined HG-23
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Collins Time A.M. P.M.
 Report received by T. Peterson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2-3-4 entries 20.8oz O₂CH₄</u>	<u>none observed</u>	<u>none</u>
2. <u>5 RTX entries 20.8oz O₂</u>	<u>reed clean & dusted</u>	<u>Rep.</u>
3. <u>6 entries 20.8oz O₂</u>	<u>SCRAP cut</u>	<u>Reflect</u>
4. <u>7 entries 20.8oz O₂</u>	<u>none observed</u>	<u>Rep.</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>22,625</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: Rocky deck. O₂ 20.8oz CO₂
Haulage & tramways clear at exam
Plc fresh air Bay intake flow clear

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

Signed By Bruce Collins 1543-A
 Preshift-Mine Examiner Certificate No.
 Countersigned Tony Means 33357
 Mine Manager - Mine Foreman
Tom Peterson 29611
 Assistant Foreman
 1479-A
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-26-10 Shift 3rd Area or Section H, 6 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Belt Power Move</u>	
2. <u>Ido L</u>		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>112Am</u>	<u>0%</u>	6.		
2.	<u>4Am</u>	<u>0%</u>	7.		
3. <u>Return</u>			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 9 para
2,3 to crew at 1130 pm

[Signature] Assistant Mine 1479A Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-26 20. Section or Area Examined H623
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom S. Thomas Time 5:45 (A.M.) P.M.
 Report received by S. Koval (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH₄ 0% O₂ 20.8%</u>	<u>none obsen</u>	
2. <u>CH₄ 0% O₂ 20.8%</u>	<u>needs add'l cleaning</u>	<u>Ref</u>
3. <u>CH₄ 0% O₂ 20.8%</u>	<u>none obsen</u>	
4. <u>CH₄ 0% O₂ 20.8%</u>	<u>FACS Bolted</u>	<u>Ref</u>
5. <u>50R CH₄ 0% O₂ 20.8%</u>	<u>none observe</u>	
6. <u>CH₄ 0% O₂ 20.8%</u>	<u>needs clean & dusted</u>	<u>Ref</u>
7. <u>CH₄ 0% O₂ 20.8%</u>	<u>none obsen</u>	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22571</u>		

Remarks: Powercutter and roadways clear at time of exam
CH₄ 0% O₂ 20.8%

Outby S Hoffer clear at time of exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 32359
[Signature] Assistant Foreman Certificate No. 39058-08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-26 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2</u>	<u>needs add'l cleans</u>	<u>corrected</u>
3. <u>4</u>	<u>part bolted</u>	<u> </u>
4. _____	_____	_____
5. <u>6</u>	<u>needs cleaned & dusted</u>	<u> </u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Retn</u>	<u>7:25</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>L Retn</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12 Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Exam of work Area with crew 7:20am.

[Signature] Assistant Mine Certificate No. 3908-08 [Signature] Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-20-10 20. Section or Area Examined HG #23
 Time of Examination: from 1 a.m. or 9 p.m. to 2 a.m. or 0 p.m.
 Was this report phoned to outside: Yes ✓ no _____
 By whom Steve Harrah Time 250 A.M. PM
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O ₂	CH ₄	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>20.8</u>	<u>0%</u>	<u>Not Bolted</u>	<u>Reflectors</u>
2.	<u>2, 2L, 3, 4</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
3.	<u>SR</u>	<u>20.8</u>	<u>0%</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
4.	<u>6</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
5.	<u>7</u>	<u>20.8</u>	<u>0%</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,235</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

Tunnels, walkways, haulways, power cables and
 other shelly chert at time of exam

Intake phone ok at exam time

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-26-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>not bolted</u>	<u>limited to face</u>
2. <u>2, 2L, 3, 4</u>	<u>N/A</u>	<u>none</u>
3. <u>5R</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
4. <u>6</u>	<u>N/A</u>	<u>none</u>
5. <u>7</u>	<u>SCRAP out</u>	<u>mined out</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>628</u>	<u>0%</u>	6.		
2.			7.		
3. <u>Return</u>	<u>1009</u>	<u>0%</u>	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4, part 4 of R.C.P. with
check with at start of shift at end of shift
Brian Collins Assistant Mine 1543-A Certificate No.
Tony Moore Mine Foreman-Mine Manager 33389 Certificate No.
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-26- 2010 Section or Area Examined Head Gate 23
 Time of Examination: from 10 a.m. or 10:30 p.m. to 10:30 a.m. or 10:30 p.m.
 Was this report phoned to outside: Yes no
 By whom Bron Collins Time 1108 A.M. / P.M.
 Report received by Jason Thomas 1479-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 044 20.8% 02	Scrap cut	Reported
2. Face 20.8 06	none observed	11 11
3. 2Left, 3Face, 4Face, 5Face 20.8%	none observed	11 11
4. 6Right X cut 20.8 09	part bolted	11 11
5. 7Face 20.8 09	needs cleaned dusted	11 11
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,830		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: P. Center travel ways charges
Strata Air Bay Intake phone - clear at time of exam

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

Signed By Bron Collins Preshift-Mine Examiner Certificate No. 1543-A
 Countersigned Jason Thomas Mine Manager - Mine Foreman Certificate No. 1479-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-27-10 Shift 2nd Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>110-140am</u>	<u>0%0</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>310-340Am</u>	<u>0%6</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>510-540am</u>	<u>0%0</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>105Am</u>	<u>0%0</u>	6.		
2.			7.		
3. <u>Return</u>	<u>505Am</u>	<u>0%0</u>	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk Road page 8
Para 1,2 to crew at 11:31pm

[Signature]
Assistant Mine

1429A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33333
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-27-10 20. Section or Area Examined H6 28
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J. Thomas Time 6:55 (A.M.) P.M.
 Report received by J. NAMA (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1,2 CH ₄ 0% O ₂ 20.8%	none observe	
2. 2 CH ₄ 0% O ₂ 20.8%	needs cleaned & dusted	REP
3. 3,4,5 CH ₄ 0% O ₂ 20.8%	none observe	
4. 6 CH ₄ 0% O ₂ 20.8%	none observe	
5. 6 CH ₄ 0% O ₂ 20.8%	needs cleaned & dusted	REP
6. 7 CH ₄ 0% O ₂ 20.8%	none observe	
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23467</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center And Roadways clear At time of Exam
CH₄ 0% O₂ 20.8%

Out by 5:45 after clear At time of Exam

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

Signed By [Signature] Certificate No. 1479-A
 Preshift Mine Examiner
 Countersigned [Signature] Certificate No. 33355
 Mine Manager - Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant
 Certificate No. 37343
 Certificate No. 300808

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift DAY Area or Section #B23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>#1-7</u>	<u>7:35-8:00</u>	<u>0%</u>	11. _____	_____	_____
2. <u>1-7</u>	<u>9:00-9:25</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-7</u>	<u>11-11:20</u>	<u>0%</u>	13. _____	_____	_____
4. <u>1-7</u>	<u>1-125</u>	<u>0%</u>	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. <u>#1</u>	<u>7:35</u>	<u>0%</u>	6. _____	_____	_____
2. <u>#1</u>	<u>11:00</u>	<u>0%</u>	7. _____	_____	_____
3. <u>#1</u>	<u>2:15</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 5
Number of Bolts Torqued Above Range 0 Below Range 0

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken Check top & ribs
Check ch at all times

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

Samuel Woods Assistant Mine 37383 Certificate No. Tony Moore Mine Foreman-Mine Manager 33289 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-27-10 20 Section or Area Examined HG #23
Time of Examination: from 120 a.m. or p.m. to 210 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Harrah Time A.M. 235 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-7 with violations like 'Part Bolted' and 'SCRAPcut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for LOB with CFM 3,275.

Remarks: 20.8% O2 0% CH4 0 ppm CO at time of exam

Trucks, walkways, haulageways, passageways and other shelter deck at time of exam

Intake phone ok at exam time

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

Signed By Steve Harrah 3201888 Brian Collins 1543-A
Countersigned [Signature] 33357
Assistant Foreman Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>20</u>	<u>Part Bolted</u>	<u>hatted to face</u>
3. <u>3,4,5</u>	<u>N/A</u>	<u>none</u>
4. <u>CR</u>	<u>SCRAP cut</u>	<u>mined out</u>
5. <u>7</u>	<u>N/A</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1000</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Send page 4 part 6 of RLI with

Burton Collins Assistant Mine
1543-A Certificate No.
T. M. ... Mine Foreman-Mine Manager
33359 Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-27 2010 Section or Area Examined HG 23
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom B. Collins T. Peterson Time A.M. 11:00 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations #1-7 with descriptions like 'need add. cleaning + dust' and actions like 'Rep.', 'Reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: Location L.O.B, CFM 21710.

Remarks: NoCH4 detect @ 20.5 or 20.00
Power Center clean
Hoistage + Trambways clean at exam.
Fresh air bay - intake + Phone clean

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1543-VI
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 32357
[Signature] Assistant Foreman Certificate No. 1477A
[Signature] Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-28-10 Shift 3rd Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>110-140AM</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. <u>1-7</u>	<u>310-340AM</u>	<u>0%</u>	13. _____		
4. _____			14. _____		
5. <u>1-7</u>	<u>510-540AM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>105AM</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. <u>Return</u>	<u>505AM</u>	<u>0%</u>	8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk with crew
Read page 8 para. 3,4 of Roof control plan at 12:3 AM

[Signature] Assistant Mine Certificate No. 147A-A
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 1-28 Section or Area Examined #6/623
 Time of Examination: from 5:45 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Thomas Time 5:45 (A.M.) P.M.
 Report received by Haral (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1,2 CH ₄ 0% O ₂ 20.8%	none observed	
2. 3 CH ₄ 0% O ₂ 20.8%	scrap	Rep
3. 4 CH ₄ 0% O ₂ 20.8%	needs cleaned & dusted	Rep
4. 5,6 CH ₄ 0% O ₂ 20.8%	none observed	
5. 7 CH ₄ 0% O ₂ 20.8%	none observed	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB	19240		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and roadway clear at time of exam
CH₄ 0% O₂ 20.8%
Out by shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner
 Certificate No. 1471-A
 Assistant Foreman
 Countersigned T. Mine Mine Manager—Mine Foreman
 Certificate No. 3335-7
 Assistant Foreman
[Signature] Superintendent or Assistant
 Certificate No. 208805

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-28 Shift DAY Area or Section A623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>3</u>	<u>SCAP</u>	<u>correct</u>
3. <u>4</u>	<u>needs cleaned dusted</u>	
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:25-8:00</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1:00-1:30</u>	<u>0</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>7:20</u>	<u>0</u>	6.		
2.			7.		
3. <u>L Return</u>	<u>10:55</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 22
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over gas P.A.M. 18-20 with crew at 7:20am

[Signature] Assistant Mine 39058-08 Certificate No. [Signature] Mine Foreman-Mine Manager 73359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-28-10 20. Section or Area Examined HG #23
 Time of Examination: from 1 a.m. or pm to 2 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Steve Harrah Time 240 P.M.
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CFM	Violation or Hazardous Condition	Action Taken
1.	<u>20.8</u>	<u>0%</u>	<u>n/o</u>	<u>none</u>
2.	<u>20.8</u>	<u>0%</u>	<u>Paint balled</u>	<u>Reflectors</u>
3.	<u>20.8</u>	<u>0%</u>	<u>n/o</u>	<u>none</u>
4.	<u>20.8</u>	<u>0%</u>	<u>needs cleaned & dusted</u>	<u>Repaired</u>
5.	<u>20.8</u>	<u>0%</u>	<u>Paint balled</u>	<u>Reflectors</u>
6.	<u>20.8</u>	<u>0%</u>	<u>Scrap cut</u>	<u>Reflectors</u>
7.	<u>20.8</u>	<u>0%</u>	<u>none</u>	<u>none</u>
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22, 230</u>		

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam

Travelways, walkways, haulageways, powerlines and outby shelter clean at time of exam

Intake Phone ok at exam time

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

Signed By Steve Harrah 3905808 Preshift-Mine Examiner Certificate No. Assistant Foreman
 Countersigned Bruce Collins 1543-A Assistant Foreman Certificate No.
Tom Moore Mine Manager—Mine Foreman Certificate No. 33359
 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-28-10 Shift eve Area or Section HQ #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>Paint balled</u>	<u>balled to face</u>
3. <u>3</u>	<u>N/A</u>	<u>none</u>
4. <u>4</u>	<u>rocks cleaned & dusted</u>	<u>cleaned & dusted</u>
5. <u>5</u>	<u>Paint balled</u>	<u>balled to face</u>
6. <u>6</u>	<u>scrap cut</u>	<u>mined cut</u>
7. <u>7</u>	<u>none</u>	<u>none</u>
8. <u> </u>	<u> </u>	<u> </u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-536</u>	<u>0%</u>	11. <u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	12. <u> </u>	<u> </u>	<u> </u>
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	14. <u> </u>	<u> </u>	<u> </u>
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>	16. <u> </u>	<u> </u>	<u> </u>
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>	18. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>	19. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>	20. <u> </u>	<u> </u>	<u> </u>

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>628</u>	<u>0%</u>	6. <u> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>	7. <u> </u>	<u> </u>	<u> </u>
3. <u>Return</u>	<u>1009</u>	<u>0%</u>	8. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	9. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>	10. <u> </u>	<u> </u>	<u> </u>

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Reyd page 4 part 8 of RCP

Bruce Collins
Assistant Mine

Fry Whelan
Mine Foreman-Mine Manager

33357
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-28 Section or Area Examined HG 23
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Collins Time 11:00 A.M. P.M.
 Report received by T. Johnson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1-2-3 entries	0% 20.8 none observed	none
2. 4 RT. entry	0% 20.8 not hatted	Reflector
3. 5 entry	0% 20.8 none observed	none
4. 6 entry	0% 20.8 SCRAP CUT	Reflector
5. 7 entry	0% 20.8 none observed	none
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	21,612		

Remarks: Moist. 0% 20.8 CO2
Haulage & travelways clean at exam.
P/C clean
Fresh air bay - intake phone clean

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

Signed By Bruce Collins Certificate No. 15413-A
 Preshift-Mine Examiner
 Countersigned T. Johnson Certificate No. 3539
 Mine Manager - Mine Foreman
T. Johnson Assistant Foreman
29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift 3rd Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>105-125Am</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. <u>1-7</u>	<u>305-335Am</u>	<u>0%</u>	13. _____		
4. _____			14. _____		
5. <u>1-7</u>	<u>505-535Am</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>103 Am</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. <u>Return</u>	<u>503 Am</u>	<u>0%</u>	8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 8 Para. 5, 6, 7 to crew at 1130 pm

[Signature]
Assistant Mine

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-29 20-- Section or Area Examined H623
Time of Examination: from 8:00 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thomas Time 5:42 (A.M.) P.M.
Report received by B. Harnal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2 CH40% O2 20.8%</u>	<u>none observed</u>	
2. <u>3, 4 CH40% O2 20.8%</u>	<u>none observed</u>	
3. <u>5 CH40% O2 20.8%</u>	<u>none observed</u>	
4. <u>6 CH40% O2 20.8%</u>	<u>wheels cleaned & adjusted</u>	<u>Ref</u>
5. <u>7 CH40% O2 20.8%</u>	<u>none observed</u>	
6. <u>4R CH40% O2 20.8%</u>	<u>PART BOTTLED</u>	<u>REF.</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>2498</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear at time of exam
CH40% O2 20.8%

Out by 5 He/ter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1474
Countersigned Tony Moore Mine Manager-- Mine Foreman Certificate No. 3527
[Signature] Assistant Foreman Certificate No. 39058-08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>6</u>	<u>needs checked & dusted</u>	<u>checked</u>
2. <u>YK</u>	<u>PART BOLTED</u>	<u>✓</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:25-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1:00-4:30</u>	<u>0</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L. Room</u>	<u>7:20</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>U. Room</u>	<u>10:55</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 22 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over ROOF of R. B. Chexer

[Signature] Assistant Mine Foreman
Certificate No. 39055-08
Mine Foreman-Mine Manager
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-29-10 20 Section or Area Examined 11G-#23
Time of Examination: from 1 a.m. or P.M. to 2 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom Steve Hurnah Time A.M. 2:30 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including locations 1-7 and conditions like 'N/A', 'SCRAP cut', 'needs add cleaning', 'Part Bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row with location 'LOB' and CFM '22970'.

Remarks: 20.8% O2 0% CH4 0ppm CO at time of exam

Knavepways, walkways, haulageways, pneumatic tubes and cutting bluffs closed at time of exam

Intake phone ok at exam time

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

Signed By Brian Collins Assistant Foreman Certificate No. 1543-A

Countersigned Mine Manager - Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift eve Area or Section HG-F23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>n/a</u>	<u>none</u>
2. <u>4L</u>	<u>SCRAP cut</u>	<u>mined out</u>
3. <u>5</u>	<u>n/a</u>	<u>none</u>
4. <u>6</u>	<u>needs add cleaning</u>	<u>cleaned & dusted</u>
5. <u>7</u>	<u>Part Belled</u>	<u>hatted to face</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>629</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 16 Below Range 0

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

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

Rest page 4 part 7 of RCL with crew at end of TR at start of shift

Brian Collins
Assistant Mine

1543-A
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant