

56WM
5-25-2010

#4 *Barrier Section*

Started 1-6-10

PRE-SHIFT - ONSHIFT and DAILY REPORT

Barrier Section finished 1-11-10

Company *Performance*
 Mine *UBB*
 SECTION *Barrier Section*
 LOCATION _____
Post Office County State

Re-order from
**BJW Printing and
 Office Supplies**
 P. O. Box 1309
 Beckley, WV 25801
 Phone (304) 253-7361

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-6 20 10 Section or Area Examined Barrin Sec.
 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. Coleman 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entry 20% O ₂ CH ₄	none observed	
2.	2 20% O ₂ CH ₄	SCRAP cut	Reflected
3.	3 20% O ₂ CH ₄	none observed	
4.	4 20% O ₂ CH ₄	none observed	
5.	4 RT, 20% O ₂ CH ₄	none observed	
6.	5 20% O ₂ CH ₄	none observed	
7.	6 20% O ₂ CH ₄	part rotted	Reflected
8.	7 20% O ₂ CH ₄	used odd cleaning & dust	Rep.
9.	8 20% O ₂ CH ₄	none	
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	17,412		
RT.	18,930		

Remarks: No CH₄ deck O₂ 20.8 or CO₂
Power Center clear
Haulage & Conduits 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By B. Collins 15437 Assistant Foreman Certificate No.
 Countersigned Rick Foster 28734 Mine Manager Mine Foreman
T. Coleman 29611 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-7-10 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2</u>	<u>None Observed</u>	<u>Rep.</u>
2.	<u>3</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep.</u>
3.	<u>4</u>	<u>None Observed</u>	<u>Rep.</u>
4.	<u>5</u>	<u>Part Bolted</u>	<u>Rep.</u>
5.	<u>6, 7</u>	<u>None Observed</u>	<u>Rep.</u>
6.	<u>8</u>	<u>None Observed</u>	<u>Rep.</u>
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
	<u>1-8</u>	<u>100-136 AM</u>	<u>0%</u>				
	<u>1-8</u>	<u>300-338 AM</u>	<u>0%</u>				
	<u>1-8</u>	<u>500-540 AM</u>	<u>0%</u>				

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	<u>Lt Return</u>	<u>100 AM</u>	<u>0%</u>				
	<u>Rt Return</u>	<u>136 AM</u>	<u>0%</u>				
	<u>Lt Return</u>	<u>500 AM</u>	<u>0%</u>				
	<u>Rt Return</u>	<u>540 AM</u>	<u>0%</u>				

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) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear at Time of Exam.

Randall Jaffordy 38424 Rick Jeter 28736
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-7 20 Section or Area Examined Barred
 Time of Examination: from 6:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 6:00 AM P.M.
 Report received by E. Homan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-2 CH40% Or 20.8%</u>	<u>none observe</u>	
2. <u>3 CH40% Or 20.8%</u>	<u>needs changed refused</u>	<u>Ref</u>
3. <u>4 CH40% Or 20.8%</u>	<u>none observe</u>	
4. <u>5 CH40% Or 20.8%</u>	<u>Part bolted</u>	<u>Ref</u>
5. <u>6 & 7 CH40% Or 20.8%</u>	<u>none observe</u>	
6. <u>8 CH40% Or 20.8%</u>	<u>none observe</u>	
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L LOPB</u>	<u>15960</u>	_____	_____
<u>R LOPB</u>	<u>17423</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center And Roadways clear at time of Exam.
CH40% Or 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall Lafferty Certificate No. 38424
 Preshift-Mine Examiner
 Countersigned Rick Foster Certificate No. 28736
 Mine Manager Mine Foreman
 Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-7 Shift Day Area or Section Battie

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.		
2. <u>3</u>	<u>needs ground rods</u>	<u>correct</u>
3. <u>1</u>	<u>part collid</u>	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:05-7:30</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>U-Ren</u>	<u>7:00</u>		6.		
2. <u>R-Ren</u>	<u>7:35</u>		7.		
3.			8.		
4. <u>U-Ren</u>	<u>10:55</u>		9.		
5. <u>R-Ren</u>	<u>11:35</u>		10.		

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 9 Below Range 9

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 4 part 2-11 Roof Control
P/O with crew at 7:05 AM.

[Signature] Assistant Mine Foreman 39068-06 Certificate No. [Signature] Mine Foreman/Mine Manager 28236 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-7-70 20 Business Sections Section or Area Examined
 Time of Examination: from 1 a.m. or 9 p.m. to 2 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom James Woods Time 250 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</u>	<u>20.8</u>	<u>0%</u>	<u>needs cleaned + dusted</u>	<u>Reported</u>
2.	<u>2+3</u>	<u>20.8</u>	<u>0%</u>	<u>No</u>	<u>none</u>
3.	<u>4</u>	<u>20.8</u>	<u>0%</u>	<u>mat built</u>	<u>Reflectors</u>
4.	<u>5R</u>	<u>20.8</u>	<u>0%</u>	<u>muck cleaned + dusted</u>	<u>Reported</u>
5.	<u>6,7,8</u>	<u>20.8</u>	<u>0%</u>	<u>No</u>	<u>none</u>
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 18,260</u>		
	<u>Rt 18,970</u>		

Remarks: 20.8% O₂ 0% CH₄ Oppm @ at time of exam
tunnels, walkways, haulageways, powercentres and
authy 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By James Woods 37383 Certificate No. Bruce Collins 1543-A Assistant Foreman
 Countersigned Rich Kester 28734 Mine Manager, Mine Foreman [Signature] 28734 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-7-10 Shift eve Area or Section Bureau Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
2.	<u>2+3</u>	<u>N/A</u>	<u>none</u>
3.	<u>4</u>	<u>Not Bolted</u>	<u>Inspected to face</u>
4.	<u>5R</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
5.	<u>6, 7, 8</u>	<u>N/A</u>	<u>none</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>4:30-5:00</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>6:30-7:00</u>	<u>0%</u>	13.			
4.				14.	<u>0.1%</u>		
5.	<u>1-8</u>	<u>8:30-9:00</u>	<u>0%</u>	15.	<u>0.1%</u>		
6.				16.			
7.	<u>1-8</u>	<u>10:00-10:50</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>L 6:30</u>	<u>0%</u>	6.			
2.		<u>R 7:00</u>	<u>0%</u>	7.			
3.		<u>L 10:14</u>	<u>0%</u>	8.			
4.		<u>R 10:40</u>	<u>0%</u>	9.			
5.				10.			

Number of Bolts Tested 28

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) Revel page 4 part 4 of RCP with crew at start of shift at end of TK

Bureau Callias 1543-A Assistant Mine Foreman
Rich Ester 28234 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 1-7 2010 Section or Area Examined Comin
 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 11:03 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. #1-2	0% CH4 20.8 none observed	
2. 3LT	0% 20.8 weld chain dusted	Rep.
3. 4RT	0% 20.8 SCRAP CUT	Reflected
4. 5-6-7-8	0% 20.8 none observed	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.T.	17,410		
R.T.	18,105		

Remarks: No CH4 Sect. 0% 20.8 or CO2
Power Center clean
Handlay & Tranchways 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Brian Collins 1543-A Certificate No.
 Countersigned Rick Foster 28736 Assistant Foreman Certificate No.
T. Peterson 29611 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-8-10 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2</u>	<u>Name Observed</u>	<u>Rep.</u>
2.	<u>3</u>	<u>Scrap Cut</u>	<u>Rep.</u>
3.	<u>4, 4R, 5</u>	<u>None Observed</u>	<u>Rep.</u>
4.	<u>6</u>	<u>Needs Addl. Cleaning</u>	<u>Rep.</u>
5.	<u>7, 8</u>	<u>Name Observed</u>	<u>Rep.</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
	<u>1-8</u>	<u>100-148 AM</u>	<u>0%</u>				
	<u>1-8</u>	<u>300-350 AM</u>	<u>0%</u>				
	<u>1-8</u>	<u>500-545 AM</u>	<u>0%</u>				

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	<u>LT Return</u>	<u>100 AM</u>	<u>0%</u>				
	<u>RT Return</u>	<u>145 AM</u>	<u>0%</u>				
	<u>LT Return</u>	<u>500 AM</u>	<u>0%</u>				
	<u>RT Return</u>	<u>545 AM</u>	<u>0%</u>				

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) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear at Time of Exam

Randall Jaffesty 38424 Red Foster 2822
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-8-20 Section or Area Examined BARRIER
Time of Examination: from 5:00 a.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. J. Jeffery Time 5:55 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 CH4% and O2% readings and actions like 'none observed', 'scrap', 'needs rd' clean', 'Ref'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for L LOB (15960) and R LOB (17157).

Remarks: Powercenter And Roadways clear at time of exam CH4% O2%

uncrossed Plumbly side at S-curve in 4 section right return at Cat throw, everything clear where it cuts throw. 10 May 31222 CH4% 62.20.8%, 10.8%

Out by 5 Helder clear at time of exam

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

Signed By: Randall Jeffery (Preshift Mine Examiner, Certificate No. 38424), Assistant Foreman (Certificate No. 28236), Superintendent or Assistant (Certificate No. 39058-08)

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-8-10 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>#3</u>	<u>Scrap cut</u>	<u>Finish cut</u>
2.	<u>#6</u>	<u>needs add chum</u>	<u>Chum & dusted</u>
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>7-735</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>9-930</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-8</u>	<u>11-1135</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-8</u>	<u>1-130</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Lt Return</u>	<u>7:00</u>	<u>0%</u>	6.			
2.	<u>Rt Return</u>	<u>7:35</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>Lt Return</u>	<u>11:00</u>	<u>0%</u>	9.			
5.	<u>Rt Return</u>	<u>11:30</u>	<u>0%</u>	10.			

Number of Bolts Tested 25

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety fall check Riths & top check torque on bolts

James Woods
Assistant Mine Foreman

37383
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-8-10 20 10 Section or Area Examined Banner Section
 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 James Woods Time 3 A.M. PM
 Report received by Bruce Collins 1543-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CO ₂	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>20.8</u>	<u>0%</u>	<u>swamp cut</u>	<u>Reflectors</u>
2. <u>2</u>	<u>20.8</u>	<u>0%</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
3. <u>3</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
4. <u>4L</u>	<u>20.8</u>	<u>0%</u>	<u>Paint bled</u>	<u>Reflectors</u>
5. <u>5R</u>	<u>20.8</u>	<u>0%</u>	<u>Paint bled</u>	<u>Reflectors</u>
6. <u>6,7,8</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>JOB</u>	<u>L</u>		
	<u>15,400</u>		
	<u>R</u>		
	<u>16,500</u>		

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

tunnels, walkways, haulage ways, passageways and
cutting shiller checked at time of exam

Intake Phone at exam time

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

Signed By James Woods 37383 Certificate No. Bruce Collins Assistant Foreman 1543-A Certificate No.
 Countersigned Bruce Collins Mine Manager - Mine Foreman 28736
 Assistant Foreman _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-8-10 Shift eve Area or Section Routine Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for violations like 'SERRIC cut' and 'needs cleaned + dusted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for methane levels at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for methane levels in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 5 of RCR with crew at start of shift at end of TR

Assistant Mine Foreman (Signature) Certificate No. 1543-A Mine Foreman-Mine Manager (Signature) 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 1-8 2010 Section or Area Examined UBB - Barrier Section
Time of Examination: from 1000 a.m. or 1050 a.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 1055 P.M.
Report received by Randall Lafferty (signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, CH4, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 1L, 2, 3L, 4L, and 5, 6, 7, 8.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LT LOB (15712) and RT LOB (16470).

Remarks: 20.8% O2 0% CH4 0% CO AT TIME OF EXAM
TRAVELWAYS, WALKWAYS, HAULAGEWAYS, POWER CENTER & OUTBY AIR CHAMBER 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Brian Collins (Preshift-Mine Examiner, Certificate No. 1543-A)
Countersigned Rick Jordan (Mine Manager, Certificate No. 28736)
Assistant Foreman Randall Lafferty (Certificate No. 38124)
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-9-10 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported:

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1L</u>	<u>Needs Cleaned + Dusted</u>	<u>Rep</u>
2.	<u>1</u>	<u>None Observed</u>	<u>Rep</u>
3.	<u>2</u>	<u>Needs Addl Cleaning</u>	<u>Rep</u>
4.	<u>3L</u>	<u>Not Bolted</u>	<u>Rep</u>
5.	<u>4</u>	<u>Needs Cleaned</u>	<u>Rep</u>
6.	<u>5, 6, 7, 8</u>	<u>None Observed</u>	<u>Rep</u>
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>100-147 AM</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>300-345 AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-8</u>	<u>500-545 AM</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>Lt Return</u>	<u>100 AM</u>	<u>0%</u>	6.			
2.	<u>Rt Return</u>	<u>147 AM</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>Lt Return</u>	<u>500 AM</u>	<u>0%</u>	9.			
5.	<u>Rt Return</u>	<u>545 AM</u>	<u>0%</u>	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) Travelways, Walkways, Outby Air Chamber Clear At Time of Exam. Intake Phone OK AT Time of Exam

Randall Jaffeth 38424 Rick Zeln 28732
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-9 Section or Area Examined BARNER
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:08 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>12 CH₄ 0.2208%</u>	<u>needs cleaned</u>	<u>Ref</u>
2. <u>1 CH₄ 0.2208%</u>	<u>none obser</u>	
3. <u>2 CH₄ 0.2208%</u>	<u>needs add'l clean</u>	<u>Ref</u>
4. <u>32 CH₄ 0.2208%</u>	<u>NOT Bolted</u>	<u>Ref</u>
5. <u>4 CH₄ 0.2208%</u>	<u>needs cleaned</u>	<u>Ref</u>
6. <u>576.708 CH₄ 0.2208%</u>	<u>none obser</u>	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>16264</u>		
<u>RLOB</u>	<u>17157</u>		

Remarks: Power center & Roadways clear at time of exam
CH₄ 0% O₂ 20.8%
inlet all panel on left side jumboed at cut throat
clear, CH₄ 0%, O₂ 20.8% Called out by Steve Harrah 9:00 AM
Returned by [Signature] 9:15 AM
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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall Lafferty 38424 Certificate No. Assistant Foreman
 Countersigned Buck Foster 28736 Certificate No. Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant [Signature] 39058-08

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-9 Shift DAY Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>needs clean up</u>	<u>correct</u>
2.		
3. <u>2</u>	<u>needs Adh/Check</u>	//
4. <u>3L</u>	<u>NOY BO Head</u>	
5. <u>4</u>	<u>needs check</u>	
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</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>6:58</u>		6.		
2. <u>R Return</u>	<u>7:35</u>		7.		
3.			8.		
4. <u>L Return</u>	<u>10:35</u>		9.		
5. <u>R Return</u>	<u>11:35</u>		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) out over BOH spacing with crew at 6:30

[Signature]
Assistant Mine Foreman

Certificate No. 39258-05

[Signature]
Mine Foreman-Mine Manager

Certificate No. 28235

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-9-10 20 Section or Area Examined Banner 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 no
By whom Steve Harrah Time 3 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, CH4, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-4 with O2 and CH4 percentages and actions like 'None' and 'SCRAP cut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'LOB' with CFM values of 16, 110 and 19, 235.

Remarks: 20.8% O2, 0% CH4 oppm CO at time of exam
timberways, walkways, hydraulicways, pavement and
aunty shelters 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Certificate No. 39058-08
Countersigned [Signature] Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 1543-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-9-10 Shift eve Area or Section Barrick Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2, 2L</u>	<u>n/a</u>	<u>none</u>
2.	<u>3</u>	<u>SCRAP out</u>	<u>mined out</u>
3.	<u>4</u>	<u>SCRAP out</u>	<u>mined out</u>
4.	<u>5, 6, 7, 8</u>	<u>n/a</u>	<u>none</u>
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>430-500</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>630-700</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-8</u>	<u>830-900</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-8</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.	<u>R</u>	<u>700</u>	<u>0%</u>	7.			
3.	<u>L</u>	<u>1014</u>	<u>0%</u>	8.			
4.	<u>R</u>	<u>1039</u>	<u>0%</u>	9.			
5.				10.			

Number of Bolts Tested 10
Number of Bolts Torqued Above Range 2 Below Range 2

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 and end of shift

Bruce Collins Assistant Mine Foreman 1543-A Certificate No. Rest Eitz Mine Foreman-Mine Manager 2873L Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-9-10 2010 Section or Area Examined Barrier section
 Time of Examination: from 10:00 a.m. or 6:00 p.m. to 10:50 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 11:00 A.M. P.M.
 Report received by Greg Cole 1947-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	Needs cleaned and dusted	Reported
2.	#2 0% CH ₄ 20.8% O ₂	Scrap cut	Reflectors
3.	#3 0% CH ₄ 20.8% O ₂	Needs cleaned and dusted	Reported
4.	4,5,6,7,8 0% CH ₄ 20.8% O ₂	None observed	Reported
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	LT	CFM	Location	CFM
WOB		16,200		
	RT	18,960		

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

Travelways, Haulageways, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Brian Collins Certificate No. 1543-A
 Countersigned Greg Cole Mine Manager Mine Foreman Certificate No. 28732
 Assistant Foreman
 Superintendent or Assistant

Greg Cole 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10-10 20 10 Section or Area Examined Bahriar section
Time of Examination: from 5:05 a.m. or p.m. to 5:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Lob, LT, 16,040. Row 2: RT, 18,915.

Remarks: 0% Ch4, 20.8% O2, 0ppm C.o., Detected

Travel ways, Power centers, outBy chamber, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report

Signed By [Signature] Certificate No. 1947-A
Countersigned [Signature] Certificate No. 28734
Assistant Foreman

Jay Stuart 39199

Superintendent or Assistant George Curry 27429

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-10 2010 Section or Area Examined Barrier Section
 Time of Examination: from 1200 a.m. or p.m. to 300 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>11,175</u>	_____	_____
<u>LI</u>	<u>18,550</u>	_____	_____
<u>RI</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO₂, 20.8% O₂, track, travelers, pc's, chargers
elec at time of exam

Fresh air 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Robert Curry 27429 _____
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Rich Foster 28236 _____
 Mine Manager Mine Foreman
Kingman 29011 _____
 Assistant Foreman Superintendent or Assistant

May 26 1947A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indellible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10 2010 Section or Area Examined #4 Barrier
Time of Examination: from 8:50 a.m. or p.m. to 9:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for #1-5 regarding CH4 and O2 percentages and dusting needs.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for L0B with CFM values of 16,665 and 18,970.

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

Track, Travelways, Powercenter, Chargers, Intake Phone, out By Chamber, OK AT TIME OF EXAM

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

Signed By [Signature] Certificate No. 1947-A
Countersigned [Signature] Certificate No. 28236
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 1-11-10 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Water in Face</u>	<u>Rep.</u>
2. <u>2, 3</u>	<u>None Observed</u>	<u>Rep.</u>
3. <u>4, 5</u>	<u>None Observed</u>	<u>Rep.</u>
4. <u>6, 7, 8</u>	<u>None Observed</u>	<u>Rep.</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>100-146 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>300-345 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>500-545 AM</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>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>146 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LT Return</u>	<u>300 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RT Return</u>	<u>545 AM</u>	<u>0%</u>	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) Travelways, walkways, Outby Air Chamber Clear At Time of Exam. Intake Phone OK At Time of Exam.

Randall J. Jolley
Assistant Mine Foreman

38424
Certificate No.

Rick Jester
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 5-11-20 Section or Area Examined DRAME
 Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Gregory Time 5:53 A.M. P.M.
 Report received by R. Gregory (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH₄ 0.20.8%</u>	<u>Water FACE</u>	<u>Ref</u>
2. <u>CH₄ 0.20.8%</u>	<u>none obser</u>	
3. <u>CH₄ 0.20.8%</u>	<u>none obser</u>	
4. <u>CH₄ 0.20.8%</u>	<u>none obser</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>15960</u>		
<u>R LOB</u>	<u>15561</u>		

Remarks: Power Center and Roadway 2 Clear AT time of Exam
CH₄ 0.20.8%
 Called out 8:30 AM upper panel has been prebored where he is pushing into on left side of section.
 Called out by Steve Harsak, Received by 19 May
 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Randall Jaffeth 38424 Certificate No. Assistant Foreman
 Countersigned Rich Foster 25736 Certificate No. Mine Manager Mine Foreman
[Signature] 39058-08 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-11 Shift Day Area or Section Banner

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>(</u>	<u>water in face</u>	<u>Scrub it out</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:05-7:30</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>Retn</u>	<u>7:03</u>	<u>0</u>	6. _____	_____	_____
2. <u>R Retn</u>	<u>7:35</u>	<u>0</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Retn</u>	<u>10:55</u>	<u>0</u>	9. _____	_____	_____
5. <u>R Retn</u>	<u>11:35</u>	<u>0</u>	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 Ps. 4 PAC. 2-4 with crew
At 6:50am. ROCK CONTROL PIN

[Signature] Assistant Mine Foreman 32058-08 Certificate No. [Signature] Mine Foreman-Mine Manager 28234 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-11-10 20 Section or Area Examined Burnin Section
 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 3 PM
 Report received by Burnin 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>16</u>	<u>20.8</u>	<u>0%</u>	<u>Scrap cut</u>	<u>Reflected</u>
2.	<u>1, 2</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
3.	<u>3, 3L, 4</u>	<u>20.8</u>	<u>0%</u>	<u>much cleaned + dusted</u>	<u>Reported</u>
4.	<u>5, 6, 7, 8</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>Job</u>	<u>LT</u>	<u>18,770</u>	
	<u>Rt</u>	<u>13,265</u>	

Remarks: 20.8% O₂ 0% CH₄ 0ppm CO at time of exam
trunkways, walkways, haulways, powercenters and
cutby shelters close 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] 3905-08 Burnin Collins 1543-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 26736
Mine Manager Mine Foreman
 Assistant Foreman [Signature]
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-11-10 Shift eve Area or Section Banner Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1L</u>	<u>Setup cut</u>	<u>mined cut</u>
2. <u>1,2</u>	<u>n/a</u>	<u>none</u>
3. <u>3,3L,4</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
4. <u>5,4,7,8</u>	<u>N/A</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>430-500</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-8</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-8</u>	<u>1000-1045</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 L</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Returns R</u>	<u>700</u>	<u>0%</u>	7. _____	_____	_____
3. <u>Returns L</u>	<u>1009</u>	<u>0%</u>	8. _____	_____	_____
4. <u>Returns R</u>	<u>1034</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 15

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 9 part 7 of ROP with check returned of 7k at start of shift

Banner Collins
Assistant Mine Foreman

1543-17
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

28230
Certificate No.

Superintendent (or Assistant)

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-11 20 70 Section or Area Examined main Sec.
 Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. Collins Time 11:05 P.M.
 Report received by T. K. ... 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entries	GRAB	Reflector
2.	2	need clean & dusted	Rep.
3.	3 LT.	part bolted	Reflector
4.	4-5-6-7-8	were opened	Rep.
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	17,540		
LT.	14,410		

Remarks: NoCH4 det. 0% 20.8oz CO2
Power center clear
haulage & travelways clean at exam.
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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By B. Collins 1543-A Certificate No. 28736 Assistant Foreman
 Countersigned Jack Foster Mine Manager Mine Foreman
Am... 29611 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-12-10 Shift 3rd Area or Section UDB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1-8</u>	<u>None Observed</u>	<u>Rep.</u>
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-8</u>	<u>100-110 AM</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-8</u>	<u>300-310 AM</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-8</u>	<u>500-510 AM</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>LT Return</u>	<u>100 AM</u>	<u>0%</u>	6.			
2.	<u>RT Return</u>	<u>140 AM</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>LT Return</u>	<u>500 AM</u>	<u>0%</u>	9.			
5.	<u>RT Return</u>	<u>540 AM</u>	<u>0%</u>	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) Travelways, Walkways, Duffly Air Chamber + Intake Phone Clear at Time of Exam

Randall Lafferty 38424
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-12 20 0 Section or Area Examined Banner
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:58 A.M. P.M.
 Report received by E. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1-8 CH ₄ % 0.208%	none observed	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L 20A	18950		
R 20B	17689		

Remarks: Powercenter and Roadways clear at time of exam
CH₄% 0.208%

Outcrops clear at time of exam

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

Signed By Randall Lafferty 38424 Certificate No.
 Countersigned Rick 28776 Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12 2010 Section or Area Examined Barrier Section
 Time of Examination: from 9:15 a.m. or 2 p.m. to 9:40 a.m. or 0 p.m.
 Was this report phoned to outside: Yes X no X Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle - Moving</u>		
2.		
3. <u>0% Ch4 20.8% O2 0% CO</u>		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake A.R</u>	<u>53,466</u>		
	<u>53,466 CFM</u>		

Remarks: 0% Ch4, 20.8% O2, 0% CO
Power section, out of chamber, intake phone, track 2 travel is clear at TOE,

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

Signed By Jim Wilks 1659-A Assistant Foreman Certificate No. _____
 Countersigned Rick Foster 2873 Mine Manager Mine Foreman Certificate No. _____
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-80 20 Section or Area Examined 4 section work area
 Time of Examination: from 4:50 (a.m.) or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Randy Jefferts Time 5:45 (A.M.) P.M.
 Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>Work area clear</u>	_____	_____
3. _____	_____	_____
4. <u>20.8% O₂, 0% CH₄, 0% CO</u>	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 20.8% O₂, 0% CH₄, 0% CO, track trackways power center, scarp charge clear at time of exam.
Oully 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By _____
 Preshift-Mine Examiner
 Certificate No. _____
 Assistant Foreman
 Countersigned Rick Foster Mine Manager
Rick Foster Mine Foreman
 Certificate No. 28734
26734
 Assistant Foreman
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent of Assitant