

5-25-10-14
AW

8-24

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4 full

PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance
 Mine UBB
 SECTION #4
 LOCATION NAOMA Haley WV
 Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

5-25-10-14
AW

8-24

[Handwritten signature]

4 full

PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance
 Mine UBB
 SECTION #4
 LOCATION NAOMA Haley NV
 Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

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 8-24 20. Section or Area Examined #4
 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 R. Lafferty Time 6:00 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>Sect. idle workings</u>		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

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

Remarks: Power center - Roadways clear At line of Exam
CH4 0% O2 20.8%
Outby shelter clear at line 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 Randall Lafferty Certificate No. 38424
 Preshift-Mine Examiner Assistant Foreman
 Countersigned [Signature] Certificate No. 39008-08
 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 8-24 Shift DAY Area or Section 7C1

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>GOOD AIR MOVEMENT</u>	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>29.8% O2</u>	_____	_____	13. _____	_____	_____
4. <u>0% CH4</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. _____	_____	_____	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) HAD SAFETY TALK ABOUT 6:30A

Work with crew at 6:30A

[Signature] Assistant Mine Certificate No. 39058-08 [Signature] Mine Foreman-Mine Manager Certificate No. 52222 [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-24 Section or Area Examined 7th
 Time of Examination: from 1:00 a.m. or 2:00 p.m. to 2:00 a.m. or 3:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Franklin Time A.M. P.M.
 Report received by
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>moving</u>	
2. <u>Roadways clear</u>	<u>At time of exam</u>	
3. <u> </u>		
4. <u> </u>		
5. <u> </u>		
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Good Airway</u>			
<u> </u>			

Remarks: Powercenter & Roadways clear at time of exam

Outby's Hefel 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. 39058-08
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1658-A
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 8-24-09 Shift EW Area or Section Sec#4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Sec Idle</u>	<u>Moving</u>	
2.		
3. <u>Good Air Movement</u>		
4. <u>OCH₄ 20.8⁰²</u>		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) SA Safety talk on Hazards

Assistant Mine
Assistant Mine

1658A
Certificate No.

Mine Foreman-Mine Manager
Mine Foreman-Mine Manager

330000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 8-25 20__ Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 6:00 A.M. P.M.
 Report received by P. Hama
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Sect. Id/B</u>	<u>mount</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air movement</u>			
<u>CH₄ 0% O₂ 20.8%</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Lower center of roadway 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 Randall Lafferty Certificate No. 38424 Assistant Foreman
 Countersigned John L... Mine Manager—Mine Foreman Certificate No. 39053-08
 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 8/25 Shift DAY Area or Section #9

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good Air movement</u>	_____	_____	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): Had safety talk about mounds

Sect. work over at 6:30am

[Signature]
Assistant Mine

39058-05
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39058
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 8-26 20 84 Section or Area Examined #4
 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 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>Sect. 4000</u>	<u>Idle</u>	
2. <u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Coal Air movement</u>			
<u>0.40%</u>	<u>0.208%</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: Power cables - Roadways Clear at time of Exam

Outby S/W/Per 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. 39008-08 Assistant Foreman [Signature] Certificate No. 1658A
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature]
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 8-25-09 Shift Em Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Sec Talk</u>	<u>Moving Section</u>	
2. _____	_____	_____
3. <u>Good Air Movement</u>		
4. <u>0% CH4</u>		
5. <u>20.8% O2</u>		
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) Safety talk on slips & falls

[Signature] Assistant Mine 1658-A Certificate No. [Signature] Mine Foreman-Mine Manager 3100000 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 4-25-09 20 Section or Area Examined Sec #4

Time of Examination: from 10:30 a.m. or 9:00 a.m. to 11:00 a.m. or 9:00 a.m.

Was this report phoned to outside: Yes no no X

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>Sec Moving</u>	<u>Idle</u>	
2. <u> </u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: good air movement
CO₂ 20.8 O₂
Power center travel ways & outby skelter 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] 1668A
Preshift-Mine Examiner Certificate No.

Countersigned [Signature] 3906002
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 8-26-05 Shift 3rd Area or Section 4 Sec.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idle</u>		
2. <u>Good Air Movement</u>		
3. <u>0% CH₄, CO</u>		
4. <u>20.5% O₂</u>		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Randall Lafferty
Assistant Mine

38429
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-26 Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lafferty Time 5:45 A.M. P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Good A.R. moving</u>			
<u>CH₄ 0% O₂ 20.8%</u>			

Remarks: Power center and roadways clear at time of exam
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 Randall Lafferty Certificate No. 38424
 Preshift Mine Examiner
 Countersigned [Signature] Certificate No. 390001
 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 9-26-09 Shift 3rd

Area or Section #4 Sec.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>sect. moving until 9:30am</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>9:30-10:00</u>	<u>0</u>	11. _____		
2. _____			12. _____		
3. <u>0-7</u>	<u>11:30-12:00</u>	<u>0</u>	13. _____		
4. _____			14. _____		
5. <u>0-7</u>	<u>1:30-2:00</u>	<u>0</u>	15. _____		
6. _____			16. _____		
7. <u>0-7</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 Retur</u>	<u>9:25</u>	<u>0</u>	6. _____		
2. <u>R Retur</u>	<u>10:05</u>	<u>0</u>	7. _____		
3. _____			8. _____		
4. <u>L Retur</u>	<u>1:25-4:00</u>	<u>0</u>	9. _____		
5. <u>R Retur</u>	<u>2:05</u>	<u>0</u>	10. _____		

Number of Bolts Tested 20 0
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) Had safety talk about Examinations

[Signature] Assistant Mine Foreman Certificate No. 30080
[Signature] Mine Foreman-Mine Manager Certificate No. 32000
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-26-20 Section or Area Examined #4
Time of Examination: from 1:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
0, 1, 2	CH4% occis none Obsen	
3	SCRAP CUT	REF
5 & 4	needs cleaned up	REF
5L	not Bolted	REF
6	none Obsen	
7	SCRAP	REF
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LLOB	26420		
RLOB	21,240		

Remarks: Powercave & Roadways clear At time of exam

cut by 5 Helter 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. 3500000 Assistant Foreman [Signature] Certificate No. 160870
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-26-09 Shift EN Area or Section Sect # 4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5.

Number of Bolts Tested 24 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 talk on set up of new

Assistant Mine, Certificate No. 1658-A, Mine Foreman-Mine Manager, Certificate No. 55000, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-26-09 20 Section or Area Examined Sec #4
Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned outside: Yes no
By whom Brought out Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as 'None observed', 'Not bolted', 'Needs cleaned & dusted', 'Scrap', 'Part bolted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'L Lob 26140 0% CH4' and 'R Lob 21460 0% CH4'.

Remarks: Power center Outby Skelter & haulways clear of the 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. 11584
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-27-09 Shift 3rd

Area or Section #4 Sec

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1, 3, 3R, +6	Needs Cleaned + Dusted	Reported
2. #2 + 7	None Observed	None
3. #3L	Not Bolted	ReFlectored OFF
4. #4	SCRAP Cut	ReFlectored OFF
5. #5	Not Bolted	ReFlectored OFF
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:00-12:00 AM	0%	11.		
2.			12.		
3. 1-7	3:00-3:55 AM	0%	13.		
4.			14.		
5. 1-7	5:00-5:30 AM	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. Lt Return	1:00 AM	0%	6.		
2. Rt Return	1:20 AM	0%	7.		
3.			8.		
4. Lt Return	5:00 AM	0%	9.		
5. Rt Return	5:30 AM	0%	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) Track Travelways, Power Center, + Chargers, + Outby Chamber Clear at Time of Exam

Randall Jeffery
Assistant Mine

38424
Certificate No.

[Signature]
Mine Foreman-Mine Manager

34444
Certificate No.

[Signature]
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-27-09 20. Section or Area Examined 4 Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Randy Jafferty Time 5:45 A.M. P.M.
 Report received by Rick Festa
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1, #3, #3 X R, & #6, D ₂ by	needs cleaned & dusted	reported
2. #2, & #7, D ₂ by	none observed	none
3. #3 X left, D ₂ by	not lotted	reflector
4. #5 entry, D ₂ by	not lotted	reflector
5. #4 entry, D ₂ by	scrap cut	reflector
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
left h.D. X cut	23,940		
right h.D. X cut	21,660		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, 0% by, 0% CO₂, track, trackways, power center, scoop charger clear at time of exam.

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 Randy Jafferty Certificate No. 38424
 Preshift Mine Examiner
 Countersigned Rick Festa Certificate No. 37383
 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 8-27-3 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 #3 #3 R #6	Needs Clean & dusted	Cleaned & dusted
2. 3L	not bolted	bolted & clean & dusted
3. 5F	not bolted	bolted & clean & dusted
4. #4F	Scrap cut	Finished out
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-7	7:05-7:35	0% CH ₄	11. _____	_____	_____
2. 0-7	9:00-9:30	0%	12. _____	_____	_____
3. 0-7	11:00-11:25	0%	13. _____	_____	_____
4. 0-7	1:00-1:35	0%	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. Lt Return	7:05	0%	6. _____	_____	_____
2. Rt Return	7:35	0%	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. Lt Return	11:00	0%	9. _____	_____	_____
5. Rt Return	11:30	0%	10. _____	_____	_____

Number of Bolts Tested 20
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 of Rins - watch out for equipment moving back

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

Jerry Wilson Assistant Mine 37383 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] 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 8-27 20. Section or Area Examined #10
 Time of Examination: from 2:00 a.m. or 7:00 p.m. to 7:00 a.m. or 7:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Brought to Jamal Wood 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>0 Chao? Orro 8/9</u>	<u>none obsv</u>	
2. <u>1C</u>	<u>needs chand idgr</u>	
3. <u>2</u>	<u>SCRAP</u>	
4. <u>3</u>	<u>none obsv</u>	
5. <u>4</u>	<u>none obsv</u>	
6. <u>5L</u>	<u>NOT BOT</u>	
7. <u>6R</u>	<u>needs chand idgr</u>	
8. <u>7</u>	<u>none obsv</u>	
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>23800</u>		
<u>R LOB</u>	<u>22140</u>		

Remarks: Power center & roadways clear at time of exam

But by 5 Helter 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 Jamal Wood 37383 Kenny Thompson 1689A
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Carl Cook 39000 [Signature] 39058-08
 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 8-27-9 Shift Eve Area or Section X4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 with handwritten entries like '0% ch4', 'Needs cleaned & Dusted', 'NONE observed'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 with handwritten entries like '0-7', '445-515PM 0% ch4'.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 with handwritten entries like 'LLOB', '4:10 PM 0% ch4'.

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) Went over Roof control plan with entire crew at end of track

Renny Thompson Assistant Mine Foreman

[Signature] Mine Foreman-Mine Manager

38 [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination Aug 27 2009 Section or Area Examined 4-Section
Time of Examination: from 10:00 a.m. or PM to 11:00 a.m. or PM
Was this report phoned to outside: Yes no
By whom Kenny Thompson Time 11:11 PM
Report received by Jeremy Bughdoff 1759-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0-6</u>	<u>CH⁴ 0.0% needs cleaned and Dusted</u>	<u>Reported</u>
2. <u>1-2-3-7</u>	<u>none observed</u>	<u>none</u>
3. <u>4</u>	<u>Scrap Cut</u>	<u>Reflector off</u>
4. <u>S</u>	<u>Not Bolted</u>	<u>Reflector off</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lt L03</u>	<u>23,000</u>		
<u>Rt L03</u>	<u>21,640</u>		

Remarks: CH⁴ 0.0% CO 0.9% O₂ 20.8% at time of exam.
Outby Chamber OK
Powercenter, chargers, travelways 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 Kenny Thompson 1689A Assistant Foreman Certificate No.
Countersigned Jeremy Bughdoff 3306002 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 8-28-09 Shift 3rd Area or Section 4 Sec

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0, 1, 2</u>	<u>None Observed</u>	<u>None</u>
2. <u>3</u>	<u>Needs Cleaned + Dusted</u>	<u>Reported</u>
3. <u>4</u>	<u>None Observed</u>	<u>None</u>
4. <u>5</u>	<u>Not Bolted</u>	<u>Reflected OFF</u>
5. <u>6, 7</u>	<u>None Observed</u>	<u>None</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>1:00-1:20AM</u>	<u>0%</u>	11. _____	_____	_____
2. <u>0-7</u>	<u>3:00-3:20AM</u>	<u>0%</u>	12. _____	_____	_____
3. <u>0-7</u>	<u>5:00-5:30AM</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>Lt Return</u>	<u>1:00AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>1:20AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>5:00 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>5:30 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) Track, Travelways, Power Center

Out by Air Chamber Clear at Time of Exam

Randall Lafferty
Assistant Mine

38424
Certificate No

[Signature]
Mine Foreman-Mine Manager

38000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-28 20 Section or Area Examined #4
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Luffery Time 5:50 P.M.
 Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. C, 1, 2	CH ₄ 0.2% observe	
2. 3	weeds cleaned & dusted	Rep
3. 4	none observe	
4. 5	not Bolted	Rep.
5. 607	none observe	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

L LOB

22230

R LOB

20520

Remarks: Power center and Roadways clear At time of Exam.

cut 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 Randall Jeffers
Preshift Mine Examiner

38424

Certificate No.

Assistant Foreman

Certificate No.

Countersigned [Signature]
Mine Manager - Mine Foreman

3906008

[Signature]

3905808

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 8-28 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>weeds cleaned</u>	<u>corrected</u>
2.		
3.		
4.		
5. <u>5</u>	<u>NOT Bolted</u>	
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>7:00-7:20</u>	<u>0</u>	11.		
2.			12.		
3. <u>0-7</u>	<u>9:00-9:30</u>	<u>0</u>	13.		
4.			14.		
5. <u>0-7</u>	<u>11:00-11:30</u>	<u>0</u>	15.		
6.			16.		
7. <u>0-7</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>Chen</u>	<u>6:55</u>	<u>0</u>	6.		
2. <u>Chen</u>	<u>7:35</u>	<u>0</u>	7.		
3.			8.		
4. <u>Chen</u>	<u>10:55</u>	<u>0</u>	9.		
5. <u>Chen</u>	<u>11:35</u>	<u>0</u>	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) went over bolt effort with

[Signature] Assistant Mine Foreman
[Signature] Mine Foreman-Mine Manager
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-28-20 Section or Area Examined #4
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 [Signature] Time A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
0,1	none observ	
2k	SCIP	Ref-1
3	PART POI/H	Ref-1
4	none observ	
5R	PART POI/H	Ref-1
6	SCIP	Ref-1
7	none observ	
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L LOB	22,460		
R LOB	21,130		

Remarks: Power cables & roadways clear at time of exam
Out 245 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 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] Freshshift Mine Examiner Certificate No. 39080
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3506028
Assistant Foreman Certificate No. 37074
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-28-09 Shift EVE Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for items 1-5.

Number of Bolts Tested 14 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. 37574, Mine Foreman-Mine Manager, Certificate No. 39000, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 5-28 2007 Section or Area Examined #47
Time of Examination: from 1025 a.m. or p.m. to 1102 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Brought outside Time A.M. 1140 P.M.
Report received by Gene Burt (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Entry O, 1 CH 02 20ff	none observed	Reported
2. 1L	Needs clean dust	Reported
3. 2	needs cleaned	Reported
4. 3R	scrap cut	Ref Hung
5. 4	none observed	Reported
6. 4R	needs clean dust	Reported
7. 5	none observed	Reported
8. 6R	scrap cut	Ref Hung
9. 7	none observed	
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	21,175		
R LOB	22,460		

Remarks: Powercut, Roadways, clean to be given
cut by pellets seen

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 Gene Burt Preshift-Mine Examiner Certificate No. 37074
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 390600
Assistant Foreman [Signature] Assistant Foreman Certificate No. 38424
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-29-09 Shift 3rd Area or Section #4 Sec.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Bolt Cut out in Face</u>	<u>Reported,</u>
2. <u>1</u>	<u>None Observed</u>	<u>None</u>
3. <u>2</u>	<u>Needs Cleaned</u>	<u>Reported</u>
4. <u>BF</u>	<u>Bolt Cut out in Face</u>	<u>Reported</u>
5. <u>BR</u>	<u>SCRAP CUT</u>	<u>Reported, Reflected OFF</u>
6. <u>4.5, 7</u>	<u>None Observed</u>	<u>None</u>
7. <u>6R</u>	<u>SCRAP CUT</u>	<u>Reported, Reflected OFF</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>1:00-1:30AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>0-7</u>	<u>3:00-3:25AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>0-7</u>	<u>5:00-5:30AM</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>1:00AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>1:30AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>5:00AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>5:30AM</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) Track, Travelways, Power Center, +
Dubby Air Chamber Clear at Time of Exam

Randall J. Little
Assistant Mine

38424
Certificate No.

[Signature]
Mine Foreman - Mine Manager

38424
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 8-29-09 20. Section or Area Examined 4 Section
 Time of Examination: from 5:00 a.m. or p.m. to 8:40 a.m. or p.m.
 Was this report phoned to outside: Yes ✓ no _____
 By whom Randy Jafferty Time 5:45 A.M. P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O. entry, D ^{ck}	lolt out in face	reflector
2. #1 entry, D ^{ck}	none observed	none
3. #2 entry, D ^{ck}	needs cleaned	reported
4. #3 entry, D ^{ck}	lolt out in face	reflector
5. #3X right, D ^{ck}	scrap out	reflector
6. #4 entry, D ^{ck}	none observed	none
7. #5 entry, D ^{ck}	none observed	none
8. #6 entry, D ^{ck}	scrap out	reflector
9. #7 entry, D ^{ck}	none observed	none
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
left L.D.X. cut	20,064		
right L.D.X. cut	20,292		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, D^{ck}, 0% CO, track, trackways, power center, scoop charger 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 Randall Jafferty Preshift Mine Examiner Certificate No. 38424
 Countersigned _____ Mine Foreman Assistant Foreman Certificate No. 37383
 _____ 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 8-29-9 Shift DAY Area or Section #4 Sect

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#0-#3	bolt out in face	Replaced
2.	#2	needs cleaned	Cleaned & dusted
3.	3L	Scrap cut	Finished cut
4.	#6	Scrap cut	Finished cut
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-7	0700-735	0%	11.			
2.	0-7	900-930	0%	12.			
3.	0-7	1100-1130	0%	13.			
4.	0-7	1:00-1:35	0%	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.	Lt Return	0700	0%	6.			
2.	Rt Return	0735	0%	7.			
3.				8.			
4.	Lt Return	11:00	0%	9.			
5.	Rt Return	11:35	0%	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) check bolt torque & psi. Re-pump up

James Wood
Assistant Mine

37283
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32111
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 8-29-20 Section or Area Examined #4
Time of Examination: from 2:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom S. Wood S. Time 3:00 P.M.
Report received by S. Helmer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. C, 102	CHY's Operation observe	
2. 3L	NOT Bolted	Repl.
3. 4	needs cleaned & dusted	Repl
4. 5R	SCRAP	Repl.
5. 6	needs cleaned & dusted	Repl
6. 7	PART Bolted	Repl
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L0B	26840		
R0B	21,370		

Remarks: Power center & roadways clear at time of exam
CHY's O2 20.8%

@ cety 5 Helter 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 S. Wood Preshift-Mine Examiner Certificate No. 37383
Countersigned S. Helmer Mine Manager - Mine Foreman Certificate No. 39058
S. Helmer 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 8-29 Shift EVB Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.	NOT BOLTED	correctly
3.	needs cleaned dust	
4.	SCRAP	
5.	needs cleaned dust	
6.	PART BOLTED	
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Retur	4:25	0	6.		
2. R Retur	5:05	0	7.		
3.			8.		
4. L Retur	8:25	0	9.		
5. R Retur	9:05	0	10.		

Number of Bolts Tested 30
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 evening work area with crew AT 4:20pm.

[Signature] Assistant Mine 3906808 Certificate No. [Signature] Mine Foreman-Mine Manager 3906808 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 8-29-09 Section or Area Examined 4 Sect
Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Steve Harrish Time A.M. 11:03 P.M.
Report received by AFD (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
091 CH40% 02208%	Now obs	now
2 LA	Needs cleaned & dusted	Reported
3	Scrap cut	Reflector
4	Now obs	Now
5 RT	Needs Bolted	Reflector
6 RT	Scrap cut	Reflector
7	Needs cleaned & dusted	Reported
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LT Lob	21,280		
RT Lob	23,470		

Remarks: No ch4 no co O2 20.8% All track to ventilators
Roadways pl chausins pumps boxes clean
at time of Exam
out by chamber clean 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. 3905505
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 24005
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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination AUG 31 2009 Section or Area Examined 4-Section
Time of Examination: from 3:30 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Brewster Time A.M. P.M.
Report received by Jeremy Burghoff
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Lf LOB</u>	<u>20,092</u>	_____	_____
<u>Rt LOB</u>	<u>22,714</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Ch⁴ 0.090 CO 0.090 O₂ 20.8% at time of exam.

Powercenter, chargers, travelways 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 Jeremy Burghoff 1759-A Certificate No. _____ Assistant Foreman
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 _____ Shift 2:15 Area or Section 7148-8

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

8-31-09

#4 Section

Date of Examination 20 Section or Area Examined
Time of Examination: from 1:30 p.m. to 2:00 p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 2 contains handwritten text: Section Idle.

Air Measurements

Location

CFM

Location

CFM

LOB. Left

21,010

LOB. Right

23,109

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM time
Powercenter, CHARGERS, TRACK, TRAVELWAYS and HAULWAYS Clear T.O.E.

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 Scott Halstead, Preshift-Mine Examiner, Certificate No. 37567
Countersigned [Signature], Mine Manager - Mine Foreman, Assistant Foreman
Assistant Foreman [Signature], Certificate No. 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 _____ 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 8-31-09 20 Section or Area Examined #4 Section
Time of Examination: from 9:00 a.m. or 9:00 p.m. to 9:30 a.m. or 9:30 p.m.
Was this report phoned to outside: Yes no
By whom Brought outside Time 9:40 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of observations such as 'None observed', 'Need cleaned', 'Part soiled', 'No Curtains in the FACE', and 'Curtains 4 Rows back from last Row of bolts'.

Table for Air Measurements with columns: Location, CFM. Contains two entries: 'Left L.O.3. 21,840' and 'Right L.O.3. 22,024'.

Remarks: OK CH4, OK CO, 29.8% O2 detected at time of exam.
Track, Travelways, passageways, choppers 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] Preshift Mine Examiner Certificate No. 31011 Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33000
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-1-09 20. Section or Area Examined 4 Section
 Time of Examination: from 4:30 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. #1. entry	0% ch ₄ none observed	none
2. #2. entry	0% ch ₄ " "	"
3. #3. entry	0% ch ₄ " "	"
4. #4. entry	0% ch ₄ needs cleaned	reported
5. #4. right	0% ch ₄ part lollal	reflater
6. #5. entry	0% ch ₄ none observed	none
7. #6. entry	0% ch ₄ needs curtain	reflater (hang curtain)
8. #7. entry	0% ch ₄ none observed	none
9. #7. right	0% ch ₄ " "	none
10. #8. entry	0% ch ₄ None top cutting	reflater

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
L.O. X. cut	21,222		
L.O. Y. cut	22,674		

Remarks: 20.8% O₂ .0% ch₄ .0% CO. track, trawlump, power center, scoop chaga slar at time of exam
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 [Signature] Preshift-Mine Examiner Certificate No. 1539A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39383
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-19 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>#4</u>	<u>needs cleaned</u>	<u>Cleaned & dusted</u>
2. <u>#4 R</u>	<u>Pant belted</u>	<u>belted</u>
3. <u>#4 E</u>	<u>needs curtain</u>	<u>Put curtain in it</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>D-7</u>	<u>0740-800</u>	<u>0%</u>	11. _____	_____	_____
2. <u>0-7</u>	<u>9:00-935</u>	<u>0%</u>	12. _____	_____	_____
3. <u>07</u>	<u>11:00-11:30</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>Rt Return</u>	<u>0800</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Lt Return</u>	<u>0740</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) check gas & keep up curtain

Sam Wood
Assistant Mine

37383
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-1-09 20-- Section or Area Examined 4 section

Time of Examination: from 9:15 a.m. or (p.m.) to 9:30 a.m. or (p.m.)

Was this report phoned to outside: Yes no

By whom _____ Time _____ A.M. _____ P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: O2 24.4 O2 CO 20.8 20.2
PL Charges 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 [Signature] 1539A Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Sep 2 20 09 Section or Area Examined 4-Section
Time of Examination: from 4:00 a.m. or p.m. to 8:00 a.m. or p.m.
Was this report phoned to outside Yes No
By whom Brought out
Report received by Jeremy Burdett (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

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

Air Measurements

Location CFM Location CFM

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

Remarks: Powercenter, chargers, travelways clear at time of exam.

CH⁴ 0.0% CO 0% O₂ 20.8% 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. 1759-A Assistant Foreman Certificate No. [Blank]
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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 9-2-09 20.09 Section or Area Examined 4 Section
Time of Examination: from 7:44 a.m. or p.m. to 10:44 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Foster Time 10:50 A.M. P.M.
Report received by Chris Blanchard 37243 (Signed)

Location	Violation or Hazardous Condition	Action Taken
1. #0 entry	None observed	None
2. #1 entry	None observed	None
3. #2 entry	None observed	None
4. #2 Left	Scrap cut	Reflected
5. #3 entry	Needs cleaned & dusted	Dangered off
6. #4 entry	None observed	None
7. #5 entry	None observed	None
8. #6 entry	None observed	None
9. #7 entry	None observed	None
10.		

Location	Air Measurements		Location	CFM
	CFM			
Left LOB	15,170			
Right LOB	16,570			

Remarks: 0% CH4 0% CO 20.802 was detected at time of exam
intake phone & outby 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 Rick Foster Preshift-Mine Examiner Certificate No. 28728
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 37243
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 9-2-09 20. Section or Area Examined 4 Section
 Time of Examination: from 1:25 or p.m. to 2:00 or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #0 ENTRY	NONE OBSERVED	NONE
2. #1 ENTRY	NONE OBSERVED	NONE
3. #2 ENTRY	NONE OBSERVED	NONE
4. #2 LEFT	SCRAP CUT	REFLECTORS
5. #3 ENTRY	NEEDS CLEANED + DUSTED	DANGERED OFF
6. #4 ENTRY	NONE OBSERVED	NONE
7. #5 ENTRY	NONE OBSERVED	NONE
8. #6 ENTRY	NONE OBSERVED	NONE
9. #7 ENTRY	NONE OBSERVED	NONE
10. _____	_____	_____

CH4
0%
↓
V

Air Measurements

Location	CFM	Location	CFM
LFT LOB	13,850		
Right LOB	26,760		
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 20.8% O2, 0ppm CO detected at EXAM time
 Powercenters, Chargers, TRACK, TRAVELWAYS + Haulways Clear at EXAM time
 outby Chamber 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 Scott Halstead Certificate No. 37567
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35666
 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 9-2-05 20 Section or Area Examined #4 Section
 Time of Examination: from 8:00 a.m. or 11:00 p.m. to 11:00 a.m. or 8:00 p.m.
 Was this report phoned to outside: Yes no no no
 By whom Brought out Time A.M. 11:00 PM
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Location	Air Measurements CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OK CHY, OK CO, 20.8% O₂ detected at time of exam
Track, Travelways, powerlines, chargers, 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 _____ Preshift-Mine Examiner Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman 3206
 _____ Assistant Foreman Certificate No. 1759-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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-2- 2009 Section or Area Examined 4 Section
 Time of Examination: from 11:30 a.m. or p.m. to 12:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Edwin Coleman Time 12:07 A.M. P.M.
 Report received by Mike Bailey (Signed)

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>Reported</u>
2. <u>2-4</u>	<u>Scrap Cut</u>	<u>Tagged</u>
3. <u>3-4</u>	<u>Aud C&D</u>	<u>Reported</u>
4. <u>5</u>	<u>None Observed</u>	<u>Reported</u>
5. <u>6</u>	<u>Aud C&D</u>	<u>Reported</u>
6. <u>7-B</u>	<u>None Observed</u>	<u>Reported</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>L</u>	<u>20,180</u>	
	<u>R</u>	<u>20,658</u>	

Remarks: Tranchemp - Walkways OK at time of exam
0% CH₄ 20.8% O₂ 0 CO
Bathing Chamber OK

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 15397 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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 Sept 3 20 09 Section or Area Examined 4- Section
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out
Report received by Jeremy Burghoff (Signed) Time A.M. 1 P.M.

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Ch⁴ 0.09% CO 0% O² 20.8% at time of exam
Power entry, chargers, travelways 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 Jeremy Burghoff Preshift-Mine Examiner Certificate No. 1959-A
Countersigned 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 _____ 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 9-3-9 2029 Section or Area Examined #4
 Time of Examination: from 7:11 a.m. or p.m. to 7:35 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #0 none observed <u>none observed</u>	<u>None Observed</u>	<u>None</u>
2. #16	<u>Scrap Cut</u>	<u>hung Reflectors</u>
3. #2F	<u>None Observed</u>	<u>None</u>
4. #3F	<u>needs cleaned & dusted</u>	<u>Reported</u>
5. #4	<u>None Observed</u>	<u>None</u>
6. #5	<u>needs dusted</u>	<u>Reported</u>
7. #6	<u>None observed</u>	<u>None</u>
8. #7	<u>None observed</u>	<u>None</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Left Return</u>	<u>16,175 cfm</u>		
<u>Right Return</u>	<u>23,275 cfm</u>		
<u>Intake</u>	<u>38,780</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% ch4; The out by air chamber ok, Intake Phone 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 Jamaal Woods Preshift-Mine Examiner Certificate No. 37383
 Countersigned Charles [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38000
 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-3-09 20. Section or Area Examined 4 east
Time of Examination: from 3:40 or p.m. to 4:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, % CH4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data for various faces and haulage areas.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air flow measurements for Left and Right 20B.

Remarks: 0% CH4 0% CO 20.8% O2 detected track, travelways, power center & haulage shafts. Intake phone & entry chamber at 4 east

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 noted in this report.

Signed By [Signature] Certificate No. 32261
Countersigned [Signature] Certificate No. 35062-08
Assistant Foreman [Signature] Certificate No. 1122-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) _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-3-09 20. Section or Area Examined #4 Section
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 no no
By whom Brought out Time A.M. 10:45 PM
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. #1 Entry	OX	None observed	None
2. #2 Entry	OX	Needs cleaned	Reported
3. #2 left	OX	Scrap cut	Reported
4. #3 Entry	OX	Needs cleaned; Dusted	Reported
5. #4 Entry	OX	None observed	None
6. #5 Entry	OX	" "	" "
7. #6 Entry	OX	" "	" "
8. #7 Entry	OX	Needs cleaned; Dusted	Reported
9. #8 Entry	OX	None observed	None
10.			

Air Measurements

Location	CFM	Location	CFM
Left h.o.b.	20,680		
Right h.o.b.	22,340		

Remarks: OX CH₄, OX CO₂, 20-8% O₂ detected at time of exam
Track, Travelways, powercenters, chargers, OK at time of exam
#5 Entry Outby left Corner Crow Needs Spot Bolt Rib Rolled Out
3 brk's Inby P.C. on left Rib corner needs Timbered

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 Cabel 39042 Certificate No. Assistant Foreman
Countersigned Bob Cook 3900000 Certificate No. 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 Sep 4 20 09 Section or Area Examined 4-Section
Time of Examination: from 4:35 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by Jeremy Bucholtz (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries such as '0-1', 'NONE observed', 'none', 'Scrap Cut', 'Reflector off', etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: RT LOB 24,360 and LT LOB 18,625.

Remarks: CH⁴ 0.0% CO 0% O₂ 20.8% at time of exam.
Powercenter, chargers, travelways clear at time of exam
Outby chamber OK
Soft and loose Ribs across Section.

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. 1759-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 350600
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 Sept 4 2007 Section or Area Examined #9 Gout
Time of Examination: from 2:45 a.m. or p.m. to 3:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #0 (CH4 @ 0.208%), #1 (Scrap cut), #2-4-5-6 (none observed), #3 (Needs dusted), #4L (Wide entry), #7 (Needs more dusting).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Lt. Lob (17,350) and Rt. Lob (22,390).

Remarks: no ch4 - co - cheng-S & power center clear at time of exam
Some Ribs & coal loose from power box to face
Take phone to out by shelter at Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 37383
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 350000
[Signature] Assistant Foreman Certificate No. 32261
[Signature] Superintendent or Assistant Certificate No. 59058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Sept 4 Shift EVB Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1L, #3, and 4L.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 0-7 at various times.

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 30 Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over drawing work

Assistant Mine, Certificate No. 39058, Mine Foreman-Mine Manager, Certificate No. 39058, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-4 Section or Area Examined #7
 Time of Examination: from 10:00 a.m. or 11:00 p.m. to 11:00 a.m. or 12:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Prognon Time AM P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	none observed	
2	SCRAP	REF
3	needs cleaned & dusted	REF
4	none observed	
5	needs cleaned & dusted	REF
6	SCRAP	REF
7	Part Bottled	REF
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
L LOB	21140		
R LOB	22400		

Remarks: Power carter and Roadways clear at time OF EXAM
RIBS SOFT and Flaking off.
Out by steller 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. 39068-08 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman _____ Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift 2-9 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 9-5 Section or Area Examined 4 Sec
 Time of Examination: from 2:00 a.m. or 3:00 p.m. to 3:00 a.m. or 3:00 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>POWER CENTERS</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGERS</u>	<u>0%</u>	<u> </u>	<u> </u>
3. <u>ROADWAYS</u>	<u>0%</u>	<u> </u>	<u> </u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

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

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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. _____
 Countersigned John Neeb Mine Manager - Mine Foreman Harley Taylor Assistant Foreman Certificate No. 3782
 _____ Assistant Foreman
 _____ Superintendent or Assistant
John Neeb 33472

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 800 9.5 09 20 Section or Area Examined 4 Section
Time of Examination: from 800 a.m. or P.M. to 1100 a.m. or P.M.
Was this report phoned to outside: Yes no Time A.M. P.M.
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported
Violation or Hazardous Condition

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1 contains handwritten text: Section Tolle.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. The table is mostly empty with some faint markings.

Remarks: 07% - 64 07% CO & 20.8% O2 detected
Power Center, chargers, Truck clear at time of exam
Refuse Chamber - Intake - 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 John B. Buford 26171 Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman 3906000
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 3U 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 9-6-09 20. Section or Area Examined 4 Section
 Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.
 Was this report phoned to outside: Yes No Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported
 Violation or Hazardous Condition

Action Taken

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

Air Measurements

Location

CFM

Location

CFM

Remarks: Powercenter, chargers, track & travelways clear at EXAM
 0% CH₄, 20.8% O₂, 0ppm CO Detected at Exam time
 Outby Chamber clear 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 Scott Halstead Preshift-Mine Examiner Certificate No. 37567
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 5806008
 _____ 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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-6-09 20 Section or Area Examined #4 Section
Time of Examination: from 8:00 a.m. or P.M. to 11:30 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom [Signature] Time 9:30 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple empty rows for data entry.

Remarks: Powercables, chargers, track, travelways, ok at time of exam
OK CH4, OK CO, 20-25% O2 detected 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. 37044
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

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 9-7-04 20 Section or Area Examined #4 Section
 Time of Examination: from 3:30 a.m. or p.m. to 6:30 p.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. J. [unclear] Time 4:20 P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported
 Violation or Hazardous Condition

Action Taken

Location

1.			
2.	SECTION		IDLE
3.			
4.			
5.			
6.	NO		WORK
7.			
8.			
9.			
10.			

Air Measurements

Location

CFM

Location

CFM

Remarks: OK CH₄, O₂ CO, 20.8) ok detected at time of exam
Track, Trondheim, pneumatic, chargers 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] Preshift-Mine Examiner Certificate No. 39042
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 3806004
 Assistant Foreman Superintendent or Assistant

Indelible
Ball or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Shift 2nd Area or Section 2100

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content

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 9-7-09 20. Section or Area Examined 4 Section
 Time of Examination: from 1:00 or p.m. to 1:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: Power center, chargers, track & travelways clear at T.O.E.
0% CH₄, 20.8% O₂, 0ppm CO Detected at EXAM time
Outby Chamber Clear 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 Scott Halstead Certificate No. 37567 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman _____ Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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 9-7-09 Section or Area Examined 4-Section
 Time of Examination: from 8:30 a.m. or (p.m) to 9:00 a.m. or (p.m)
 Was this report phoned to outside: Yes no
 By whom Broughtout Time 10:43 P.M.
 Report received by S. Colo (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
0	Chy 0%	Reported
1	N/O	
2	Scrap	
3	N/C/D	
4	N/O	
5	N/C/D	
6	Scrap	
7	P. Bolted	
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Rt. LOB	23,440		
Lft. LOB	22,100		

Remarks:

P.C.
 Chargers } All clear @ time of exam
 Travelways } 20.8% O₂
 Outby Chamber } SOFT RIBS + ROLLS

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. 1662-1A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. [Signature]
 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 9-8-09 Shift 3rd Area or Section 4 Sec

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>1</u>	<u>None Observed</u>	<u>Reported</u>
3. <u>2</u>	<u>None Observed</u>	<u>Reported</u>
4. <u>3</u>	<u>None Observed</u>	<u>Reported</u>
5. <u>4</u>	<u>Rib Roll in FACE</u>	<u>Reported</u>
6. <u>5</u>	<u>None Observed</u>	<u>Reported</u>
7. <u>6</u>	<u>None Observed</u>	<u>Reported</u>
8. <u>7</u>	<u>Wide bolts in FACE Oper. Side</u>	<u>Reported</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>1:00-1:30 AM</u>	<u>0%</u>	11.		
2.			12.		
3. <u>0-7</u>	<u>3:00-3:25 AM</u>	<u>0%</u>	13.		
4.			14.		
5. <u>0-7</u>	<u>5:00-5:30 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>1:00 AM</u>	<u>0%</u>	6.		
2. <u>Rt Return</u>	<u>1:30 AM</u>	<u>0%</u>	7.		
3.			8.		
4. <u>Lt Return</u>	<u>5:00 AM</u>	<u>0%</u>	9.		
5. <u>Rt Return</u>	<u>5:30 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) TRACK, TRAVELWAYS, & OUTBY
Air Chamber Clear at Time of Exam

Randall Laffert 38424 [Signature] 39424
Assistant M.F. 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 9-8-09 20 Section or Area Examined 4 Section
 Time of Examination: from 5:00 a.m. or p.m. to 8:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Randy Lafferty Rick Foster Time 6:00 AM P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 0 entry 0% ch ₄	none observed	none
2. 1 entry 0% ch ₄	none observed	none
3. 2 entry D% ch ₄	none observed	none
4. 3 entry D% ch ₄	none observed	none
5. 4 entry D% ch ₄	no roll surface	reflector
6. 5 entry 0% ch ₄	none observed	none
7. 6 entry D% ch ₄	none observed	none
8. 7 entry 0% ch ₄	welder bolts open side of left machine (5 bolts)	reflector
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
left L.O.X. cut	19285		
right L.O.X. cut	22230		
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:

20.8% O₂, 0% ch₄, 0% CO, Truck, Travelways, power center, scoop chayer 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 Randy Lafferty Preshift-Mine Examiner Certificate No. 38424
 Countersigned Rick Foster Mine Manager - Mine Foreman Assistant Foreman Certificate No. 37862
Rick Foster Assistant Foreman Certificate No. 28724
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-8-9

Shift DAY

Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#4	Rib roll in face	Cleaned up bolted
2.	#7	wide bolt in face	Rebolted
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-7	7-730	0%	11.			
2.	0-7	9-935	0%	12.			
3.	0-7	11-1130	0%	13.			
4.	0-7	1-135	0%	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.	Lt Return	7:00	0%	6.			
2.	Rt Return	7:35	0%	7.			
3.				8.			
4.	Lt Return	11:00	0%	9.			
5.	Rt Return	11:30	0%	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
Watch For Rib's Roll - take gas test & keep curtains up

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

Jama Kuroda
Assistant Mine

39383
Certificate No.

John Galt
Mine Foreman-Mine Manager

32200
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-8 20 Section or Area Examined #4
 Time of Examination: from a.m. or p.m. to a.m. or p.m.
 Was this report phoned to outside: Yes no Time 3:08 P.M.
 By whom J. Woods
 Report received by L. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0 CH₄ 0% 9200%</u>	<u>NOT Bolted</u>	<u>REFL</u>
2. <u>1,2</u>	<u>none observe</u>	
3. <u>3,4</u>	<u>none observe</u>	
4. <u>5,6,7</u>	<u>none observe</u>	
5. <u> </u>		
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>20860</u>		
<u>R LOB</u>	<u>22540</u>		

Remarks: Powercenter and roadways clear at time of exam
CH₄ 0% O₂ 20.8%
out by shelter clear at time of exam
R. 65 Flacking off

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 James J. Woods Preshift-Mine Examiner Certificate No.
 Countersigned L. Hall Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1658-A
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-8-09 Shift Even Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>0</u>	<u>Not bolted</u>	<u>bolted</u>
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>0-7</u>	<u>4:30-500</u>	<u>0%</u>	11.			
2.	<u>0-7</u>	<u>6:30-700</u>	<u>0%</u>	12.			
3.	<u>0-7</u>	<u>8:30-900</u>	<u>0%</u>	13.			
4.	<u>0-7</u>	<u>10:30-1100</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>L Return</u>	<u>4:25</u>	<u>0%</u>	6.			
2.	<u>R Return</u>	<u>5:05</u>	<u>0%</u>	7.			
3.	<u>L Return</u>	<u>8:25</u>	<u>0%</u>	8.			
4.	<u>R Return</u>	<u>9:05</u>	<u>0%</u>	9.			
5.				10.			

Number of Bolts Tested 21
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 talk Roof & R/Ls

[Signature]
Assistant Mine

1655A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep 8 2009 Section or Area Examined 4-Section
 Time of Examination: from 10:00 a.m. or 11:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom Brought out
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0</u>	<u>No Observed</u>	<u> </u>
2. <u>1</u>	<u>Part belted</u>	<u>Rep</u>
3. <u>2</u>	<u>Scrap</u>	<u>Rep</u>
4. <u>3</u>	<u>None Observed</u>	<u> </u>
5. <u>4</u>	<u>Scrap</u>	<u>Rep</u>
6. <u>5-SR</u>	<u>Part belted</u>	<u>Rep</u>
7. <u>6</u>	<u>None Observed</u>	<u> </u>
8. <u>7</u>	<u>None Observed</u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>L Lab</u>	<u>21460</u>	<u> </u>	<u> </u>
<u>R Lab</u>	<u>22380</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: Outby stalker, PC. travelways 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. 1658-A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 3910100
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-9-09 Shift 3rd Area or Section 4 Sec

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Part Bolted</u>	<u>Ref</u>
2. <u>1</u>	<u>Needs Cleaned</u>	<u>Reported</u>
3. <u>2, 3, 4</u>	<u>None Observed</u>	<u>Reported</u>
4. <u>5R</u>	<u>Part Bolted</u>	<u>Ref</u>
5. <u>6</u>	<u>Needs Cleaned + Duoted</u>	<u>Reported</u>
6. <u>7</u>	<u>Scrap Cut</u>	<u>Ref</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>100-135 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>0-7</u>	<u>3:00-3:30 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>0-7</u>	<u>5:00-5:30 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>1:35 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>5:00 AM</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>5:30 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) Track, Travelways, & Outpy Air Chamber Clear At Time of Exam

Randall Lafferty Assistant Mine 58424 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 29 20 11 Section or Area Examined #4
 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 R. LAFFERTY Time 5:55 P.M.
 Report received by E. J. Gammal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0</u> <u>CH₄ 0% O₂ 20.8%</u>	<u>PART Bolted</u>	<u>Repl.</u>
2. <u>1</u>	<u>needs cleaned</u>	<u>Repl</u>
3. <u>2, 3, 4</u>	<u>none observe</u>	
4. <u>TR</u>	<u>PART Bolted</u>	<u>Repl</u>
5. <u>6</u>	<u>needs cleaned</u>	<u>Repl</u>
6. <u>?</u>	<u>PART Bolted</u>	<u>Repl</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>21280</u>		
<u>R LOB</u>	<u>22875</u>		

Remarks: Power center and roadways Cleared at time of exam
Ribs Flaking off
CH₄ 0% O₂ 20.8%
out by shelter cleared 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 Randall Lafferty Fresh Mine Examiner Certificate No. 38474
 Countersigned [Signature] Mine Manager - Mine Foreman 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 9-9

Shift PM

Area or Section #11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 0	PART Bolted	Corrected
2. 1	neds cleaned	
3.		
4.		
5. OR	PART Bolted	
6. 6	neds cleaned	
7. 7	PART Bolted	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-7	7:05-7:30	0	11.		
2.			12.		
3. 0-7	9:00-9:30	0	13.		
4.			14.		
5. 0-7	11:00-11:30	0	15.		
6.			16.		
7. 0-7	1:00-1:30	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	7:00	0	6.		
2. R Return	7:35	0	7.		
3.			8.		
4. L Return	10:55	0	9.		
5. R Return	11:35	0	10.		

Number of Bolts Tested 30 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 Ross hallway and corner Bolting every corner. At 6:30 PM

Assistant Mine Foreman Certificate No. 39008 of Superintendent or Assistant Mine Foreman Certificate No. 39008

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-9 Section or Area Examined #4
 Time of Examination: from 1:00 a.m. or 2:00 p.m. to 2:00 a.m. or 2:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Brought over 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>0, 01</u>	<u>none observ</u>	
2. <u>2c</u>	<u>SCRAP</u>	<u>REF.</u>
3. <u>3</u>	<u>PART BOTTLED</u>	<u>REF.</u>
4. <u>4</u>	<u>none observ</u>	
5. <u>5VSR</u>	<u>none observ</u>	
6. <u>6R</u>	<u>SCRAP</u>	<u>REF.</u>
7. <u>7</u>	<u>needs cleaned up</u>	<u>Ref</u>
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>21560</u>		
<u>RLOB</u>	<u>20190</u>		

Remarks: Power center & Roadways clear at time of exam
out by SHELTER clear at time of exam

WAS FLAME OFF

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. 3808-05
 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 9-9-9 Shift Even Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2L</u>	<u>Scrap</u>	<u>mined</u>
2. <u>3</u>	<u>Part bolted</u>	<u>Bolted</u>
3. <u>6R</u>	<u>Scrap</u>	<u>mined</u>
4. <u>7</u>	<u>Needs cleaned & dusted</u>	<u>Cleaned & dusted</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-7</u>	<u>4:30-500</u>	<u>0%</u>	11. _____	_____	_____
2. <u>0-7</u>	<u>6:30-700</u>	<u>0%</u>	12. _____	_____	_____
3. <u>0-7</u>	<u>8:30-900</u>	<u>0%</u>	13. _____	_____	_____
4. <u>0-7</u>	<u>10:30-1100</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>L Return</u>	<u>4:25</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Return</u>	<u>5:05</u>	<u>0%</u>	7. _____	_____	_____
3. <u>L Return</u>	<u>8:25</u>	<u>0%</u>	8. _____	_____	_____
4. <u>R Return</u>	<u>9:05</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 20
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 talk on violations & mine

Conditions
Assistant Mine 1658-A Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-9-9 20 Section or Area Examined Sec #4
 Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no no X Time A.M. P.M.
 By whom Brown et out
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0</u>	<u>None observed</u>	<u> </u>
2. <u>1</u>	<u>Scrap</u>	<u>Ref</u>
3. <u>2</u>	<u>Needs cleaned & dusted</u>	<u>Ref</u>
4. <u>3</u>	<u>None observed</u>	<u> </u>
5. <u>4</u>	<u>Part bolted</u>	<u>Ref</u>
6. <u>5</u>	<u>Scrap</u>	<u>Ref</u>
7. <u>6</u>	<u>Needs cleaned & dusted</u>	<u>Ref</u>
8. <u>7</u>	<u>None observed</u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>21480</u>	<u>0% L⁴</u>	<u>20.80²</u>
<u>R LOB</u>	<u>20210</u>	<u>0% L⁴</u>	<u>20.80²</u>

Remarks: P Center out by shelter, travel ways clear at time of exam.
Ribs & corners ~~are~~ flaking off

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. 1658-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3966000
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-10-09

Shift 3rd

Area or Section 45cc

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. O+1	None Observed	Reported
2. 2+4	Needs Cleaned + Dusted	Reported
3. 3L	Part Bolted	Ref
4. 5	None Observed	Reported
5. 5R	Part Bolted	Ref
6. 6	Needs Cleaned + Dusted	Reported
7. 7	Needs Add. Cleaning	Reported
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. O-7	100-130AM	0%	11.		
2.			12.		
3. O-7	300-330AM	0%	13.		
4.			14.		
5. O-7	500-530AM	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. Lt Return	100AM	0%	6.		
2. Rt Return	130AM	0%	7.		
3.			8.		
4. Lt Return	500AM	0%	9.		
5. Rt Return	530AM	0%	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) Track Travelways + Outby Air Chamber Clean at Time of Exam

Robert L. Coffey
Assistant Mine

38424
Certificate No.

Charles Cook
Mine Foreman-Mine Manager

33000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-10 20 #4 Section or Area Examined
 Time of Examination: from 7:00 a.m. or p.m. to 6:30 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom R. Lafferty Time A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>001 C H₂O % O₂ 20.8%</u>	<u>none observed</u>	
2. <u>204</u>	<u>needs cleaned/dusted</u>	<u>Ref</u>
3. <u>320</u>	<u>Part Bolted</u>	<u>Ref</u>
4. <u>5</u>	<u>none observed</u>	
5. <u>OR</u>	<u>Part Bolted</u>	<u>Ref</u>
6. <u>6</u>	<u>needs cleaned/dusted</u>	<u>Ref</u>
7. <u>7</u>	<u>add'l cleanings</u>	<u>Ref</u>
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>21280</u>		
<u>R LOB</u>	<u>22610</u>		

Remarks: Power caver and roadways clear AT time OF Exam
C H₂O % O₂ 20.8%

Outby Shelter clear AT time OF Exam

Corners of Road FLAKING OFF.

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 Randall Lafferty Preshift Mine Examiner Certificate No. 35424
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 39059-08
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-10-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2-4	Needs Clean & dusted	Clean & dust
2.	32	Part bolted	bolted - Clean & dusted
3.	5R		
4.	6	Need Cleaned & dusted	Cleaned & dusted
5.	7		
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-7	7:05-7:35	0%	11.			
2.	0-7	9-9:30	0%	12.			
3.	0-7	11-11:30	0%	13.			
4.	0-8	1-1:30	0%	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.	Rt Return	7:00	0%	6.			
2.	Rt Return	7:35	0%	7.			
3.				8.			
4.	Lt Return	11:00	0%	9.			
5.	Rt Return		0%	10.			

Number of Bolts Tested 35
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) air OK Chamber clean at time of exam

James Moore
Assistant Mine

37383
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 20____ Section or Area Examined _____
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported
Violation or Hazardous Condition

Location

Action Taken

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

Location

CFM

Air Measurements

Location

CFM

Remarks: _____

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 _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____

Countersigned _____ Mine Manager—Mine Foreman _____

Assistant Foreman

Superintendent or Assistant