

Dec
5-25-10-17

PRESHIFT - ONSHIFT and DAILY REPORT

Started
10-5-09

Finish

Company Performance Coal

Mine YBB

SECTION #1

LOCATION Naoma Pa 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.

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-5-09 20 Section or Area Examined #1
Time of Examination: from 3:50 a.m. 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)

Table with 3 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Rows 1-10.

Table with 4 columns: Location, CFM, Location, CFM. Row 1: COB, 18240.

Remarks: A PC, track travel ways AIR chamber Intake Phone Clear at time of exam 0.0% CH4 20.8% O2

Intake Phone 2
Shuttle Chamber 3

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. 1947-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 36025
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 12-5-29 Shift ney Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>not Bthy</u>	<u>Bthy</u>
2.	<u>2</u>	<u>one dog</u>	<u>up</u>
3.	<u>3</u>	<u>ceel steel nitel</u>	<u>steel nitel</u>
4.	<u>4</u>	<u>one dog</u>	<u>up</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>let</u>	<u>7:00</u>	<u>0</u>	6.			
2.				7.			
3.	<u>let</u>	<u>11:00</u>	<u>0</u>	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 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) discussed with #5
at 10:10 at 6:50 AM
De 36525

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-5-2009 Section or Area Examined 1 Sec
Time of Examination: from 100 a.m. or (p.m) to 200 a.m. or (p.m)
Was this report phoned to outside: Yes to no
By whom Dean Jones Time A.M. 225 P.M.
Report received by George Curry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1-4.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for L03 with CFM 19,760.

Remarks: 0% CH4, 0% CO, 20.8% O2 track, travelways, pcs
pieces, charges checked time of sec
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] Certificate No. 36526 Assistant Foreman [Signature] Certificate No. 1122-A
Countersigned [Signature] Mine Manager-Mine Foreman [Signature] Certificate No. 27129
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 10-5-9 Shift EVE Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2 Entry	Scrap cut	Bolted + Reflectors
2. #4	Part Bolted	Bolted + Reflectors
3. #4 Outby Face	Spotted Cable bolts	
4.		
5. DCHYL 20.802		
6. 0 ppm c/o		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	4-430pm	0 CHYL	11.		
2. 1-4	6-630pm	0	12.		
3. 1-4	8-830pm	0	13.		
4.			14.		
5. 1-4	10-1030pm	0	15.		
6.			16.		
7. 1-4			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	404pm	0 CHYL	6.		
2. Return	802pm	0	7.		
3. Return	1001pm	0	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 8
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) Pg. 5 Sect 17 RCP at 350pm.
Roof + Rib checks.

Blank Assistant Mine 1122-A Certificate No. [Signature] Mine Foreman-Mine Manager 3906pm 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 10-5 Section or Area Examined #1
 Time of Examination: from 10:00 a.m. or 10:30 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no no
 By whom Richard Boyer Time 11:15 A.M. P.M.
 Report received by Ray (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	CHP	—
2	no	—
3	sharp	Re. Peterson
4	no	—
5	no	—
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOS	20,160		

Remarks: Passways of haulways clear at time of exam
Open Cuts & changes - no
any changes OK
retake phone - ?
CO 0%
O₂ 20.8%

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 Richard Boyer Certificate No. 1122-A
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Ray Certificate No. 52294
 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 10-6-09 Shift 3rd Area or Section sl

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2nd</u>	<u>scrap</u>	<u>Labelled</u>
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) _____

[Signature]
Assistant Mine

32224
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3900000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-09 20. Section or Area Examined #1
 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 [Signature] Time 8:40 A.M. _____ P.M.
 Report received by [Signature] (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>CH4</u>	<u>none obs</u>	<u>me</u>
2. <u>2</u>	<u>needs add ch</u>	<u>me</u>
3. <u>int</u>	<u>Scrap out</u>	<u>reflects</u>
4. <u>3</u>	<u>none obs</u>	<u>me</u>
5. <u>4</u>	<u>none obs</u>	<u>me</u>
6.		
7.		
8.		
9.		
10.		

Location	Air Measurements	Location	CFM
<u>LOB</u>	<u>14.400</u>		

Remarks: CH4 20.802 recorded in files
2 files OK at time of Exam P.C.I.
and chn OK

Skitter Chamber OK
Intake phone not working

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. 22294
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 36022
 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 10-6-09 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>no OGS</u>	<u>me</u>
2. <u>2</u>	<u>needs audit log</u>	<u>audit notes</u>
3. <u>2nd</u>	<u>Scrap cut</u>	<u>debris in floor</u>
4. <u>3</u>	<u>no OGS</u>	<u>me</u>
5. <u>4</u>	<u>no OGS</u>	<u>me</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00</u>	<u>0</u>	11.		
2.	<u>7:10</u>	<u>0</u>	12.		
3. <u>1-7</u>	<u>8:00</u>	<u>0</u>	13.		
4.	<u>11:00</u>	<u>0</u>	14.		
5. <u>1-7</u>	<u>4:50</u>	<u>0</u>	15.		
6.	<u>11:00</u>	<u>0</u>	16.		
7. <u>1-7</u>	<u>1:00</u>	<u>0</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1st</u>	<u>7:00</u>	<u>0</u>	6.		
2.			7.		
3. <u>1st</u>	<u>11:00</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

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

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

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

discussed with
7:00 AM to 7:50 AM
3652

Assistant Min

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 10-6 2009 Section or Area Examined #1 section
Time of Examination: from 100 a.m. or 200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Deano Jones Time 220 A.M. P.M.
Report received by Bundy Bundy
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1 Entry	Needs Cleaned + Dusted	Reported
2. # 2	None Observed	Reported
3. # 2R OCHY!	Not Bolted	Reflectors
4. # 3-4 20.802	None Observed	Reported
5. OPPM c/o		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	18,780		
OCHY!			
20.802			

Remarks: Power Center - Travelways - Chargers - Outby shelter
OK at time of exam.
Intake phone reported not working
OCHY! 20.802 OPPM c/o

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] 3505C Preshift-Mine Examiner Certificate No. 3505C
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

1120-A
Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6-9 Shift EVE Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 Entry	Needs Cleaned + Dusted	Cleaned + Dusted
2.	#2R CC	Not Bolted	Bolted + Reflectors
3.	OCH ₄		
4.	20.802 Oppm c/o		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	4-430am	0 CH ₄	11.			
2.				12.			
3.	1-4	6-630am	0	13.			
4.				14.			
5.	1-4	8-830am	0	15.			
6.				16.			
7.	1-4	10-1030am	0	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	402pm	0 CH ₄	6.			
2.				7.			
3.	Return	805pm	0	8.			
4.				9.			
5.	Return	1001pm	0	10.			

Number of Bolts Tested 11
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) Pg. 3 Sect. C of RCPAT
351PM.

Bruce Berg Assistant Mine 11224 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 10-6 20 9 Section or Area Examined 1 section
Time of Examination: from 7:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Brandon Time A.M. 7:04 P.M.
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 26 CH	none observed	
2 2 and 2L	needs cleaned & dusted	Reported
3	none observed	
4 3R	Scrap Cct	Reflector hanging
5 4	none observed	
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Job	21 750		

Remarks: 26 CH
power center & chargers Harleyway air base clean at time of exam
intake phone doesn't work
20.8

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 Brandon Berg 1122 A Kyle Anderson 53298
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager—Mine Foreman 331111
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 10-6 Shift 3rd Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1 ob off	none observed	
2. 2 and 2L	roads cleaned & dusted	Reported
3. 3	none observed	
4. 3R	Steep Cut	Reflecting
5. 4	none observed	
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4 138	210	ob off	11.		
2. 1-4 502	535	ob off	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	275	ob off	6.		
2. Return	592	ob off	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) _____

Kyle...
Assistant Mine

33238
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 10-7-09 20. Section or Area Examined #1
Time of Examination: from 5:00 p.m. to 8:30 a.m. or p.m.
Was this report shown to outside: Yes no
By whom Kyle Anderson Time 5:39 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 handwritten entries for locations 1-4 with violations like 'noe obs' and actions like 'rep'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for location 'CUB' with CFM value '21.650'.

Remarks: oc the 20.802 000 detector unless allowed at time of Etr P.C. and Chapman Ct.
skelton Chamber OK
Intake phone not working

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 Kyle Anderson 33238 Certificate No.
Countersigned Assistant Foreman 39000 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 10-7-59 Shift *day* Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	<i>me 06)</i>	<i>me</i>
2. 2		
3. 2nd		
4. 3		
5. 4	<i>me 06)</i>	<i>me</i>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	9:00	0	11.		
	9:50	0	12.		
2. 1-4	9:00	0	13.		
	9:50	0	14.		
3. 1-4	11:00	0	15.		
	11:50	0	16.		
4. 1-4	1:00	0	17.		
	1:50	0	18.		
5.			19.		
6.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <i>ret</i>	7:00	0	6.		
2.			7.		
3. <i>ret</i>	11:00	0	8.		
4.			9.		
5.			10.		

Number of Bolts Tested *16* Below Range *0*

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

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

7:07 AM #5194 7:05 AM
Assistant Mine Foreman-Mine Manager Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-7 2009 Section or Area Examined # 1
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 DEAN JONES Time 2:37 P.M.
Report received by Rick Hutchins
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>0% CH4</u>	<u>N/O</u>	<u>Reported</u>
2. <u>2L</u>	<u>N/C 10</u>	<u>Reported</u>
3. <u>2</u>	<u>Scrap</u>	<u>Tagged & Reported</u>
4. <u>3, 4</u>	<u>N/O</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,764</u>	_____	_____
<u>0% CH4</u>	_____	_____	_____
<u>20.80%</u>	_____	_____	_____
<u>0% CO</u>	_____	_____	_____

Remarks Powercenter, R-ways, Travelways, Haulage, Charger Clear
AT Time of EXAM
Intake phone - WAS Not working
Air 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] Certificate No. 56526
Preshift-Mine Examiner Assistant Foreman Certificate No. _____
Countersigned [Signature] Certificate No. 33062004
Mine Manager - Mine Foreman
Rick Hutchins Assistant Foreman Certificate No. 37569
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-09 Shift EvE Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>%CH₄</u>	<u>N/O</u>
2. <u>2L</u>	<u>N/C/D</u>	<u>Reported</u>
3. <u>2</u>	<u>Scrap Cut</u>	
4. <u>3, 4</u>	<u>N/O</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	<u>Section Down</u>	
8. _____	<u>NO PRODUCTION</u>	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	_____	<u>%CH₄</u>	_____	_____	_____
2. <u>1-4</u>	_____	<u>%</u>	_____	_____	_____
3. <u>1-4</u>	_____	<u>%</u>	_____	_____	_____
4. <u>1-4</u>	_____	<u>%CH₄</u>	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	_____	<u>%CH₄</u>	_____	_____	_____
2. <u>Return</u>	_____	<u>%CH₄</u>	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

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) DONE Smoke Search AT 5BK

Rick Hutchins 37569
Assistant Mine Certificate No.

[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 10-7 209 Section or Area Examined 1st
 Time of Examination: from 9:00 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. <u>1</u> <u>ch4-0/6</u>	<u>Scrap</u>	<u>Redacted</u>
2. <u>2</u>	<u>P Bolted</u>	<u>Redacted</u>
3. <u>3</u>	<u>none</u>	<u>none</u>
4. <u>4</u>	<u>none</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Pob</u>	<u>22360</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CHY
power center charges haulways air base
intake phone
Refuge 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] Certificate No. 15397A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3906001
 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 10-7 Shift 3rd Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap Cut</u>	<u>Reflector hung</u>
2. <u>2</u>	<u>Part bolted</u>	<u>" "</u>
3. <u>3</u>	<u>none observed</u>	
4. <u>4</u>	<u>none observed</u>	
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4 136</u>	<u>209</u>	<u>0.6 CH₄</u>	11. _____		
2. _____			12. _____		
3. <u>1-4 510</u>	<u>936</u>	<u>0.2 CH₄</u>	13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>210</u>	<u>0.6 CH₄</u>	6. _____		
2. <u>Return</u>	<u>542</u>	<u>0.6 CH₄</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

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

[Signature] Assistant Mine 33238 Certificate No. [Signature] Mine Foreman-Mine Manager 33238 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 10-6 2007 Section or Area Examined: 1 Section
 Time of Examination: from 11:00 a.m. to 1:00 p.m.
 Was this report placed in 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.	#1 <u>ck406</u>	<u>Scrap bit</u>	<u>Tagged</u>
2.	#2	<u>Part bolted</u>	<u>Tagged</u>
3.	#3	<u>None observed</u>	<u>Reported</u>
4.	#4	<u>None observed</u>	<u>Reported</u>
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>106</u>	<u>21,117</u>		

Remarks: O₂ CH₄ 22.8% O₂ 0 CO
Track Travelways Power Center Intake Phone OK
Emergency Shelter OK

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

Signed By: Mike Bailey Preshift-Mine Examiner Certificate No. 27085
 Countersigned: Kyle Hudson Assistant Foreman Certificate No. 33238
[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 10-8 Shift DAY Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Location 1, Violation SCRAP, Action compens. Row 2: Location 2, Violation PART BOLTER.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-7 show methane content as 0 for various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4 show methane content as 0 for locations like 'Cher' at various times.

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

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

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

Signatures and titles: Assistant Mine Foreman, Mine Foreman-Mine Manager, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-8 2009 Section or Area Examined #1
 Time of Examination: from 1:05 a.m. or p.m. to 1:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom S. Hannah Time 1:45 P.M.
 Report received by Rick Hutchens
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0% CH4</u>	<u>Scrap</u>	<u>Reported</u>
2. <u>↓</u>	<u>N/C/D</u>	<u>Reported</u>
3. <u>↓</u>	<u>p/ Bolted</u>	<u>Traced & Reported</u>
4. <u>↓</u>	<u>N/O</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>LOB</u>	<u>21,525</u>		
<u>20.8 % CH4</u>			
<u>0% O2</u>			
<u>0% CO</u>			

Remarks: powercenter, Chargers, Haulage, TRAVELWAYS Clear
AT Time of Exam
Intake phone OK
Air 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] Certificate No. 3008-08
 Preshift-Mine Examiner
 Assistant Foreman
 Countersigned [Signature] Certificate No. 320000
 Mine Manager - Mine Foreman
Rick Hutchens 37569
 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 10-8-09 Shift Even Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>0% CH4 Scrap</u>	<u>Corrected</u>
2. <u>2</u>	<u>N/C/O</u>	<u>{ }</u>
3. <u>3</u>	<u>P/Batted</u>	
4. <u>4</u>	<u>N/O</u>	<u>Corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:00-4:20</u>	<u>0 % CH4</u>	_____	_____	_____
2. <u>1-4</u>	<u>6:03-6:25</u>	<u>0 %</u>	_____	_____	_____
3. <u>1-4</u>	<u>8:00-8:23</u>	<u>0 %</u>	_____	_____	_____
4. <u>1-4</u>	<u>10:00-10:45</u>	<u>0 % CH4</u>	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. <u>0% CH4</u>	_____	_____	_____	_____	_____
8. <u>20.80%</u>	_____	_____	_____	_____	_____
9. <u>0% C°</u>	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:23pm</u>	<u>0 % CH4</u>	_____	_____	_____
2. <u>Return</u>	<u>8:30pm</u>	<u>0 % CH4</u>	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #16 3:50pm RCP

Section Safe & Clear at Time of EXAM

Rick Hutchins 37569 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager 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 10-8 209 Section or Area Examined 1 section
 Time of Examination: from 10:15 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Hutchens Time 11:00 A.M. P.M.
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>ob ch 4</u>	<u>none observed</u>	
2.	<u>2R ob ch 4</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
3.	<u>3 ob ch 4</u>	<u>none observed</u>	
4.	<u>4 ob ch 4</u>	<u>Scrap Coal</u>	<u>Reflectors hung</u>
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Job</u>	<u>20 980</u>		

Remarks:

ob ch 4
power center & charger haulways air base
and intake phone clean at time of exam
208

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 Hutchens Certificate No. 37569
 Preshift-Mine Examiner
Rick Hutchens Assistant Foreman Certificate No. 33238
 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 10-8 Shift 3rd Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>none observed</u>	
2.	<u>2R</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
3.	<u>3</u>	<u>none observed</u>	
4.	<u>4</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>150</u>	<u>230</u>				
2.							
3.	<u>1-4</u>	<u>515</u>	<u>590</u>				
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>230</u>	<u>0.6 dth</u>				
2.	<u>Return</u>	<u>558</u>	<u>0.6 dth</u>				
3.							
4.							
5.							
6.							
7.							
8.							
9.							
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) _____

Kyle Anderson
Assistant Mine

33238
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 10-9-59 20 Section or Area Examined #1
 Time of Examination: from 6:15 a.m. or p.m. to 8:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Ryle Anderson Time 5:00 A.M. P.M.
 Report received by Deary (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CHYP</u>	<u>none</u>	<u>OK</u>
2. <u>2nd</u>	<u>none</u>	<u>OK</u>
3. <u>3</u>	<u>weeds cleared</u>	<u>OK</u>
4. <u>4</u>	<u>weeds cleared</u>	<u>OK</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>20,770</u>		

Remarks: only 20802 sco detected trucks
> trucks ok at time of exam p.c. ok
Chapin ok

Stetter Chamber -> OK
Intake Phase -> not nearby

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 Ryle Anderson Preshift-Mine Examiner Certificate No. 39238
 Countersigned Deary Mine Manager—Mine Foreman Assistant Foreman Certificate No. 30828
 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 10-9-08 Shift PM Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>no ugs</u>	<u>ap</u>
2. <u>2</u>	<u>no ugs</u>	<u>ap</u>
3. <u>2nd</u>	<u>needs dust tested</u>	<u>dust tested</u>
4. <u>3</u>	<u>no ugs</u>	<u>dust tested</u>
5. <u>4</u>	<u>needs dust tested</u>	<u>dust tested</u>
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>7:00</u>	<u>0</u>	11.		
2. <u>1-4</u>	<u>9:00</u>	<u>0</u>	12.		
3. <u>1-4</u>	<u>9:50</u>	<u>0</u>	13.		
4. <u>1-4</u>	<u>11:00</u>	<u>0</u>	14.		
5. <u>1-4</u>	<u>1:00</u>	<u>0</u>	15.		
6. <u>1-4</u>	<u>1:00</u>	<u>0</u>	16.		
7. <u>1-4</u>	<u>1:00</u>	<u>0</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>net</u>	<u>7:00</u>	<u>0</u>	6.		
2. <u>net</u>	<u>11:00</u>	<u>0</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) discussed per #7
at Reg #29 at 6:56 AM

[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 10-9 2009 Section or Area Examined #1
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 Dean Jones Time A.M. 2:35 P.M.
Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>C440%</u>	<u>Scrap</u>	<u>Tag Report</u>
2. <u>2</u>	<u>N/O</u>	<u>Reported</u>
3. <u>2R</u>	<u>Need Dusted</u>	<u>Reported</u>
4. <u>3</u>	<u>part Bolted</u>	<u>Tagged + Reported</u>
5. <u>4</u>	<u>N/C/D</u>	<u>Reported</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,948</u>		
<u>20.80%</u>			
<u>0% CH4</u>			
<u>0% CO</u>			

Remarks: power center, Hoalge, Chargers, R-ways Clear
at Time of Exam
Intake phone NOT WORKING
Air 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] Certificate No. 36526
Preshift-Mine Examiner Assistant Foreman Certificate No.
Countersigned [Signature] Certificate No. 33000
Mine Manager—Mine Foreman
Rick Hutchens Assistant Foreman Certificate No. 37569
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift EVE Area or Section # 1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1-4 with violations like 'Scrap Cut', 'Need Dusted', 'part Bolted', 'N/C/D' and actions 'Corrected'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-4 with times like '4:10-4:30' and methane content '0 % ch4'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for 'Return' locations with methane content '0 % ch4'.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 7 #30 3:50 pm RCP

Section Safe & Clear at Time of EXAM

Reick Hutchins Assistant Mine 37569 Certificate No. [Signature] Mine Foreman-Mine Manager 330000 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-9 207 Section or Area Examined 1 section
Time of Examination: from 10:15 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Dans Time 11:03 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>obctH4</u>	<u>none observed</u>
2. <u>2L</u>	<u>none observed</u>	
3. <u>3R</u>	<u>Part bolted</u>	<u>Reflecting</u>
4. <u>4</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Job</u>	<u>19640</u>		

Remarks: obctH4
power center & changers clean
haulways air base and under phone clean
208

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 Hutchins 37569 Certificate No. Reflecting Assistant Foreman 37238 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 10 9 Shift 3rd Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	260th 4	none observed	
2.	25 L	" "	
3.	3 R	Part bolted	Refracted heavy
4.	4	needs cleaned & checked	Reported
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	150	225	11.			
2.				12.			
3.	1-4	515	551	13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	230	260th 1	6.			
2.	Return	558	260th 1	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) _____

Kyle Johnson 33238 Assistant Mine Certificate No.
 _____ Mine Foreman-Mine Manager
 _____ 39000 Superintendent or Assistant Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10-09 Section or Area Examined #1 section
Time of Examination: from 5:50 a.m. or p.m. to 3:30 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Kyle Anderson Time 5:55 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Entries include #1 Entry, #2L, #3R CC, #4 OCH4, and various observations like 'None observed', 'Grapp cut', and 'Needs cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entries include L03 OCH4, 20.5 O2, and 19.6 CFM.

Remarks:

Power Center
Travelways
Chargers
Outby Shelter
Intake Phase
DC Hd's. 20.5 O2PPM c/o
All ok at face of eum

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 Kyle Anderson 33238 Preshift-Mine Examiner Certificate No.
Countersigned [Signature] 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 10-10-9 Shift Day Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#3KCC	Scrap cut	Bolted + Reflectors
2.	#4 OCH ₄ 20.802	Needs Cleaned + Dusted	Cleaned + Dusted
3.			
4.	#3 Int. 1 BRK outby	Corners need spotted	Spotted 2 Bolts Cable bolted Int.
5.	OPAC/O		
6.			
7.			
8.	Machine dusted section and intake.		

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	7-730am	0 CH ₄	11.			
2.				12.			
3.	1-4	9-930am	0	13.			
4.				14.			
5.	1-4	11-1130am	0	15.			
6.				16.			
7.	1-4	1-130pm	0	17.			
8.				18.			
9.	1-4	2-230pm	0	19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	705am	0 CH ₄	6.			
2.				7.			
3.	Return	1102am	0	8.			
4.				9.			
5.	Return	207pm	0	10.			

Number of Bolts Tested 8
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) Pg. 5 sect. 17 RUP at 6:57 AM. SCSN's OK.

Grand Assistant Mine 1122-A Certificate No. John Mine Foreman-Mine Manager 330000 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-10 2009 Section or Area Examined #1
 Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom BRANDA Bowling Time A.M. 2:35 P.M.
 Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. <u>1</u>	<u>0% CH₄</u>	<u>N/O</u>	<u>Reported</u>
2. <u>2</u>	<u>Scrap</u>		<u>Tag & Reported</u>
3. <u>3</u>	<u>N/O</u>		<u>Reported</u>
4. <u>4</u>	<u>N/Clean</u>		<u>Reported</u>
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LQB</u>	<u>22,800</u>		
<u>20.8^{o2}</u>			
<u>0% CH₄</u>			
<u>0% C^o</u>			

Remarks: powercenter, R-ways, Chargers, Haulage Clear
at Time of EXAM

INTAKE phone OK
Air 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 Branda Bowling 1122-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Cash Cab 37569
Mine Manager—Mine Foreman
Rick Hutchens 37569
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 10-10-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include '0% CH4', 'Scrap', 'N/Clean', 'Spotted Bolt missing', 'Cable Bolted #2 Intersection'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries include '1-4', '4:15-4:40', '0% CH4', '20.8°2', '0% CH4', '0% C°'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries include 'Return', '4:10pm', '0% CH4', 'Return', '5:49pm', '0% CH4'.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #18 3:55pm RCP

Section Safe & Clean at Time of Exam

Signatures and titles: Rick Hutchens (Assistant Mine), Certificate No. 37569, Mine Foreman-Mine Manager, Certificate No. 3300000, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-10 2009 Section or Area Examined #1
 Time of Examination: from 10:15 a.m. or p.m. to 11:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Hutchens Time 11:00 A.M. P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1	CFM	
2	1/2	Retained
3	scrap	
4	up	
5	up	
6		
7		
8		
9		
10		

Location	CFM	Location	CFM
LOS	20,360		

Remarks: Tracks of haulways clear at time of exam
Ben Cude & Hogan - up
see above - ok
subson below - 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 Rick Hutchens Certificate No. 37569 Assistant Foreman [Signature] Certificate No. 52294
 Countersigned [Signature] Mine Manager-Mine Foreman [Signature] Certificate No. 37569
 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 10-11-09 Shift 3rd Area or Section A /

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Scrap</u>	<u>Replaced</u>
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. _____	_____	_____

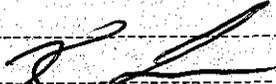
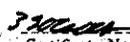
Examinations for Methane in Return Aircourses

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 Foreman
 Mine Foreman-Mine Manager
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-11 2009 Section or Area Examined # 1 Section
Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
Was this report phoned to outside: Yes X no _____
By whom Kenny Farmer Time 5:45 A.M. P.M.
Report received by Bruce Bony (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1 Entry	Scrap cut	Reflectors
2. # 2	Part Bolted	Reflectors
3. # 3-4 Entries	None Observed	Reported
4. OCHYL		
5. 20.802		
6. 0 PPM C/O		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	12,840		
OCHYL			
20.802			
0 PPM C/O			

Remarks: Power Center - Chargers
Travelways
Outby shelter
Intake Phone
OCHYL 20.8 0 PPM C/O
All 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] 32280 Bruce Bony 1122-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3801002
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 10-11-9 Shift Day Area or Section # 1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 Entry	Scrap cut	Bolted + reflectors
2.	#2	CHV/L Part Bolted	Bolted + reflectors
3.		20.802	
4.		OPPC/O	
5.			
6.	#1 Int Cable Bolted #1 Int.		
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	7:07am	0 CHV/L	6.			
2.				7.			
3.	Return	11:04am	0	8.			
4.				9.			
5.	Return	2:05pm	0	10.			

Number of Bolts Tested 11
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) Pg. 5 sect 21 RCP at 6:47 AM.

Bruce Perry Assistant Mine 1122-A Certificate No. Carl Cook Mine Foreman-Mine Manager 320000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2009 Section or Area Examined # 1
 Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brenda Bowling Time A.M. 2:45 P.M.
 Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% ch4</u>	<u>P/B</u>
2. <u>2</u>	<u>Scrap</u>	<u>Tagged & Reported</u>
3. <u>3</u>	<u>n/a</u>	<u>Reported</u>
4. <u>4</u>	<u>Needs Clean</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,000</u>	_____	_____
<u>20.80%</u>	_____	_____	_____
<u>0% ch4</u>	_____	_____	_____
<u>0% co</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: powercenter, R-ways, Chargers, Travelways Clear
at Time of EXAM
Intake phone OK
Air 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 Brenda Bowling 1122-A
Preshift-Mine Examiner Certificate No.
 Countersigned Rick Hutchens 37569
Mine Manager—Mine Foreman Assistant Foreman
Rick Hutchens 37569
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-11-09 Shift EVF Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>0% ch4</u>	<u>P/B</u>
2. <u>2</u>	<u>Scrap</u>	<u>Corrected</u>
3. <u>4</u>	<u>needs Clean</u>	<u>Corrected</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:15-4:40</u>	<u>0% ch4</u>	11. _____	_____	_____
2. <u>1-4</u>	<u>6:10-6:30</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>8:03-8:25</u>	<u>0%</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>10:40-11:00</u>	<u>0% ch4</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>20.802</u>	_____	_____	17. _____	_____	_____
8. <u>0% ch4</u>	_____	_____	18. _____	_____	_____
9. <u>0% CO</u>	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:10 pm</u>	<u>0% ch4</u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:00 pm</u>	<u>0% ch4</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #10-11 3:55pm RCP

SCSR's ARE OK

Rick Hutchins
Assistant Mine

37569
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 10-11 209 Section or Area Examined 1 section
 Time of Examination: from 10:4 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom Rick Hutchens Time 1107 A.M. P.M.
 Report received by Ryle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>20 ctt</u>	<u>none observed</u>	
2. <u>2R 20 ctt</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
3. <u>3 and 4 20 ctt</u>	<u>none observed</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Job</u>	<u>20130</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20 ctt
power center, chargers, haulways, air base intake phone
clean at time of exam
20.8

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 Hutchens 37569 Ryle Anderson 33238
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 59000
 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 10-11 Shift 3rd Area or Section 1st

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>none observed</u>	
2. <u>2R</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
3. <u>3 and 4</u>	<u>none observed</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4 140</u>	<u>214</u>	<u>0.6 CH₄</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-4 508</u>	<u>545</u>	<u>0.6 CH₄</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>221</u>	<u>0.6 CH₄</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>550</u>	<u>0.6 CH₄</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]
Assistant Mine

33238
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33238
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12-09 Section or Area Examined #1 section
Time of Examination: from 2:00 a.m. or p.m. to 5:40 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Kyle Anderson Time 5:47 A.M. P.M.
Report received by Bush Berry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for #1 Entry, #2 Rcc, #3-4 Entries, OCH4, and 20.802 O ppm c/o.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LOB (20,050 CFM) and OCH4 (20.802 O ppm c/o).

Remarks: Power Center, Chargers, Travel ways, Outby Shelter, Intake Phone. OK at time of exam. OCH4, 20.802 O ppm c/o

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 Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Countersigned Bush Berry Assistant Foreman Certificate No. 1122 A
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-12-9 Shift Day Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2R CC	Scrap Cut	Bolted Reflectors
2.	#3 Int	Two loose bolts	Spotted 2 Bolts
3.	OCHY!	Put v 3 Cable Bolts	Index Int
4.	20.802		
5.	OPRM 4/0		
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	7:09 AM	OCHY!	6.			
2.				7.			
3.	Return	11:03 AM	0	8.			
4.				9.			
5.	Return	2:04 PM	0	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 5 sect. 21 RCP
at 6:47 AM.

Bruce Boy Assistant Mine Certificate No. 1122-A [Signature] Mine Foreman-Mine Manager Certificate No. 3302100 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-12 2009 Section or Area Examined #1
 Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Deanda Bowling Time A.M. 2:35 P.M.
 Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>0% CH4</u>	<u>N/O</u>	<u>Reported</u>
2. <u>2L</u>	<u>Scrap Cut</u>	<u>Tagged & Reported</u>
3. <u>3</u>	<u>part Bolted</u>	<u>Tagged & Reported</u>
4. <u>4</u>	<u>N/O</u>	<u>Reported</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,900</u>		
<u>20.80%</u>			
<u>0% CH4</u>			
<u>0% CO</u>			

Remarks: powercenter, R-ways, Chargers, Travelways Clear
at Time of Exam

Intake phone OK
Air 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 Deanda Bowling 1122-A
Preshift-Mine Examiner Certificate No.
 Countersigned Rick Hutchens 37569
Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Rick Hutchens 37569
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 10-12-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>21</u>	<u>0% CH₄</u> <u>Scrap Cut</u>	<u>Corrected</u>
2. <u>3</u>	<u>0% CH₄</u> <u>part Bolted</u>	<u>Corrected</u>
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:15-4:40</u>	<u>0 % CH₄</u>	11.		
2. <u>1-4</u>	<u>6:10-6:50</u>	<u>0</u>	12.		
3. <u>1-4</u>	<u>8:20-8:50</u>	<u>0</u>	13.		
4. <u>1-4</u>	<u>10:00-10:20</u>	<u>0 % CH₄</u>	14.		
5. <u>1-4</u>	<u>11:00-11:15</u>	<u>0 % CH₄</u>	15.		
6. <u>20.80^o</u>			16.		
7. <u>0% CH₄</u>			17.		
8. <u>0% C^o</u>			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:10pm</u>	<u>0 % CH₄</u>	6.		
2. <u>Return</u>	<u>8:19pm</u>	<u>0 % CH₄</u>	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 8 Below Range 0

Number of Bolts Torqued Above 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) Page #20 3:50pm RCP

Section Safe & Clean at Time of Exam

Rick Hutchins 37569
Assistant Mine Certificate No.

Bob Lab
Mine Foreman-Mine Manager

330000
Superintendent or Assistant Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-12 209 Section or Area Examined 1 sector
 Time of Examination: from 0615 a.m. or p.m. to 1050 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom Rick Hutchens Time 11:06 A.M. P.M.
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>CH4-0%</u>	<u>none observed</u>
2. <u>2L</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
3. <u>3 3R</u>	<u>none observed</u>	
4. <u>4</u>	<u>none observed</u>	
5. _____	_____	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Job</u>	<u>20670</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: obcty
power center & chargers Haulways Fresh air base
inlets phone & clear at time of exam
208

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 Hutchens 37569 Rick Anderson 33238
 Preshift-Mine Examiner Certificate No. 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 10-12 Shift 3rd Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>none observed</u>	
2. <u>2L</u>	<u>Scrap Coal</u>	<u>Reflecting lamp</u>
3. <u>3-3R</u>	<u>none observed</u>	
4. <u>4</u>	<u>none observe</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4 155</u>	<u>226</u>	<u>0.6%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-4 515</u>	<u>545</u>	<u>0.6%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>234</u>	<u>0.6%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>552</u>	<u>0.6%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Kyle Anderson 33238
Assistant Mine Foreman Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-13-09 20 Section or Area Examined #1
 Time of Examination: from 8:10 a.m. or p.m. to 5:42 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Anderson Time 5:05 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>CHYp</u>	<u>near vgs</u>	<u>up</u>
2. <u>2nd</u>	<u>weeds/deed</u>	<u>rep</u>
3. <u>3</u>	<u>near vgs</u>	<u>up</u>
4. <u>3rd</u>	<u>near vgs</u>	<u>up</u>
5. <u>4</u>	<u>near vgs</u>	<u>up</u>
6. <u>2nd</u>	<u>part B/Hep</u>	<u>reflect</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>20,644</u>		

Remarks: CHYp 20,802 vgs deleted - ruled
2 Hules ok at time of Em pic
well Chen ok

Intake phone -> ok
skelter chander -> 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 Kyle Anderson Certificate No. 33238
 Preshift-Mine Examiner Assistant Foreman
 Countersigned [Signature] Certificate No. 36026
 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 10-13-29 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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)

Of dip # 189 + 6.06 ft discussed not to

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 11-13 2009 Section or Area Examined #1 section
 Time of Examination: from 100 a.m. or 0 p.m. to 200 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Deano Jones Time 240 P.M.
 Report received by Branch Boy (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry	None Observed	Reported
2. #2	Part Bolted	Reflectors
3. #3 OCH4!	None Observed	Reported
4. #3R 20.80%	Needs Cleaned & Dusted	Reported
5. #4 O.P.P.M. c/o	Scrap cut	Reflectors
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	18,946		
OCH4!			
20.80%			

Remarks: Power Center
 Tracelways
 Chargers
 Outbox Shelter
 Idtake Phone
 OCH4 i. 20.80% O.P.P.M. c/o
 All 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. 36525
[Signature] Assistant Foreman Certificate No. 1122-A
 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 11-13-9 Shift EVE Area or Section #1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. # 2 Entry	Part Bolted	Bolted + Reflectors
2. # 3 RCC	Needs Cleaned + Dusted	Cleaned + Dusted
3. # 4	Scrap CUT	Bolted + Reflectors
4.		
5.		
6.		
7.		
8.		

0.5% CH₄
20.80%
0 ppm c/o

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	4-4:30pm	0 CH ₄ !			
2. 1-4	6-6:30pm	0			
3. 1-4	8-8:30pm	0			
4. 1-4	10-11:00pm	0			
5.					
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:02pm	0 CH ₄ !			
2. Return	8:02pm	0			
3. Return	12:00pm	0			
4.					
5.					

Number of Bolts Tested 8
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) Ag. 3 sect c RCP at 3:52pm.
SCSR's OK

Brian Bony
Assistant Mine

Certificate No.

[Signature]
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 11-13 20 9 Section or Area Examined 1 sector
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
By whom Brandon Time A.M. 11:12 P.M.
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 ok H+	none obtained	
2	needs cleaned	Reported
3 2R	not bolted	Reflector hung
4	Scrap Cart	u
5	needs cleaned	Reported
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
Job	20848		

Remarks: 2 Betty power center & charges Haulways
air base and intake phone
All clear at time of exam
20.8

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 Brandon King 1122-A Kyle Anderson 33238
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
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 11-13 Shift 3rd Area or Section 1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>26th</u>	<u>none observed</u>	
2.	<u>26th</u>	<u>needs cleaned</u>	<u>Reported</u>
3.	<u>2R</u>	<u>Not bolted</u>	<u>Reflectors hung</u>
4.	<u>3</u>	<u>Scrap Cart</u>	<u>Reflectors hung</u>
5.	<u>4</u>	<u>needs cleaned</u>	<u>Reported</u>
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-4</u>	<u>158</u>	<u>229</u>	<u>26th</u>		
<u>1-4</u>	<u>545</u>	<u>545</u>	<u>26th</u>		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Return</u>	<u>235</u>	<u>26th</u>			
<u>Return</u>	<u>550</u>	<u>26th</u>			

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

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

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

Reggie Anderson Assistant Mine 33238 Certificate No. [Signature] Mine Foreman-Mine Manager 33238 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 10-14-09 20. Section or Area Examined #1
 Time of Examination: from 2:30 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rife Anderson Time 5:40 A.M. P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1	needs day	rep
2	needs add day	rep
3	needs day	rep
4	not B. Wheel	reflects
5	needs add day	rep
6	needs add day	rep
7		
8		
9		
10		

Location	Air Measurements	Location	CFM
COB	20,600		

Remarks: OCHY 20.802 oca detected trailers
5 Holes OK at time of EM PIC. any
cham OK.

steel chamber OK
Index phase 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 Rife Anderson Preshift-Mine Examiner Certificate No. 33238
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 330600
 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 10-14-09 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1	needs deep	deep
2	needs add ch	deep
3	needs deep	deep
4	not B Hys	Bolts
5	needs deep	deep
6	needs add ch	add ch
7		
8		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-4	7:00	0			
1-4	9:00	0			
1-4	11:00	0			
1-4	1:00	0			
1-4	1:00	0			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
let	7:00	0			
let	11:00	0			

Number of Bolts Tested 14 Below Range 0

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

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

disassembled #7

Assistant Mine Foreman-Mine Manager Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-09 Section or Area Examined #1 section
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Deano Jones Time A.M. 2:30 P.M.
Report received by Bush (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 Entry	Needs Cleaned + Dusted	Reported
#2 R	Scrap Cut	Reflectors
#3	None Observed	Reported
#4 OCH4!	Part Bolted	Reflectors
20.802		
OPPM		
c/o		

Air Measurements

Location	CFM	Location	CFM
LOB	23,243		
OCH4 i			
20.802			

Remarks: Power Center
Travelways
Chargers
Outby shelter
Intake Phone
All OK at time of exam.
OCH4 i 20.802 OPPM c/o

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. 30520 Assistant Foreman Bush (Signed) Certificate No. 1122-A
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 10-14-9 Shift EVE Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 Entry	Needs Cleaned + Dusted	Cleaned + Dusted
2. #2R	Scrap Cut	Bolted + Reflectors
3. #4	Part Bolted	Bolted + Reflectors
4.		
5.		
6.	Machine Dusted #2-3-4 Entries and Intake	Air Course to doors
7.		
8. #1 Int.	Cable Bolted + Star Pattern	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	4-430pm	0 CH4%	11.		
2.			12.		
3. 1-4	6-630am	0	13.		
4.			14.		
5. 1-4	8-830pm	0	15.		
6.			16.		
7. 1-4	10-1030pm	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	407pm	0 CH4%	6.		
2.			7.		
3. Return	803pm	0	8.		
4.			9.		
5. Return	1005pm	0	10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 6 section 32 of RCP at 350pm.

Brad Boy Assistant Mine 1122A Certificate No. [Signature] Mine Foreman-Mine Manager 350pm 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 10-14 209 Section or Area Examined 1 section
Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.
Was this report phoned to outside Yes no
By whom Brandon Time AM 11:11 P.M.
Report received by Kyle Anderson
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>elct</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
2. <u>2 and 3</u>	<u>none observed</u>	
3. <u>3R</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
4. <u>4</u>	<u>none observed</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>208</u>	<u>21046</u>		

Remarks:

020 H4
power center charges Haulways fresh air base
intake phone clear at end of span
208

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 Brandon Preshift-Mine Examiner Certificate No. 1122-A
Countersigned Kyle Anderson Mine Manager-Mine Foreman Assistant Foreman Certificate No. 33238

Assistant Foreman

Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-14 Shift 3rd Area or Section Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1, 2, 3, and 4.

Examinations for Methane in Working Places

Table with 7 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-4.

Examinations for Methane in Return Aircourses

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

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)

Signatures and names: Assistant Mine, Certificate No. 39238, 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 10-15-29 20. Section or Area Examined #1
 Time of Examination: from 5:30 a.m. or p.m. to 9:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Anderson Time 9:30 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>city 3p</u>	<u>None obs</u>	<u>none</u>
2.	<u>000</u>	<u>None obs</u>	<u>none</u>
3.	<u>3rd</u>	<u>Not bolted</u>	<u>Replaced</u>
4.	<u>4</u>	<u>None obs</u>	<u>none</u>
5.	<u>Hedge broken in by door at Plumblows sep</u>		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,740</u>		

Remarks: city 20.802 sco detector fuelys
Wiley ok at time of Ex. p.c. and
Chasers ok.
Stelte 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 Kyle Anderson Certificate No. 33238
 Pre-shift-Mine Examiner Assistant Foreman
 Countersigned [Signature] Certificate No. 36525
 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 10/20/09 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1, 2, 3, and 4.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-4 at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1 and 2.

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) discussed on #7

Signature and name of Assistant MGR, 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 10-15 2009 Section or Area Examined #1 section
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Deano Jones Time 235 P.M.
Report received by Burch Bay (Signature)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1 Entry	None Observed	Reported
2. # 2 Entry	None Observed	Reported
3. # 2L Cc	0CH4! Scrap Cut	Reflectors
4. # 3R Cc	Part Bolted	Reflectors
5. #4	20.802 None Observed	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LDB	22,840		
0CH4!			
20.802			

Remarks: Power Centers
Travelways
Power Center
Chargers
Intake Phase - Chamber OK
All ok at time of exam.
0CH4! 20.802
@ ppm c/o

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] 3652 Certificate No. Burch Bay Assistant Foreman Certificate No. 122-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 350
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 10-15-9 Shift EVE Area or Section #1 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2LCC	scoop cut	Bo Hcd + Re Plectas
2.	#3RCC	0CH4! 20.802	Bo Hcd + Re Plectas
3.		OPPM C/O	
4.			
5.			
6.	Cable bolted #2 Int		
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	4-43am	0 CH4!	11.			
2.				12.			
3.	1-4	6-630am	0	13.			
4.				14.			
5.	1-4	8-830am	0	15.			
6.				16.			
7.	1-4	10-1030am	0	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	410pm	0 CH4!	6.			
2.				7.			
3.	Return	802pm	0	8.			
4.				9.			
5.	Return	1004pm	0	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 6 Section 31 of RCP

at 349pm
Frank Boy 1122-A Assistant 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 10-15 209 Section or Area Examined 1 sector
 Time of Examination: from 7:00 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom B. [Signature] Time 11:08 A.M. P.M.
 Report received by Ryle [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>ch4 9/6</u>	<u>none observed</u>	
2.		<u>Scrap Cuts</u>	<u>Reflecting</u>
3.		<u>Part bolted</u>	<u>Reflecting</u>
4.		<u>none observed</u>	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>708</u>	<u>20890</u>		

Remarks: check power center & charges hallways air base
and outside phone close at time of exam
208

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. 11221A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 330600
[Signature] Assistant Foreman Certificate No. 33238
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15 Shift 3rd

Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>none observed</u>	
2. <u>2</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
3. <u>3</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
4. <u>4</u>	<u>none observed</u>	
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>189</u>	<u>226</u>			<u>0.60%</u>
2. _____					
3. <u>1-1</u>	<u>502</u>	<u>536</u>			<u>0.60%</u>
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>231</u>				
2. _____					
3. <u>Return</u>	<u>545</u>	<u>0.60%</u>			
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
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) _____

[Signature]
Assistant Mine

39238
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39238
Certificate No.

Superintendent or Assistant

DM
Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-16-89 20. Section or Area Examined #1
Time of Examination: from 5:02 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson 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 CHPP	new UGS	me
2 O	part solder	reflects
3 O	Scrap cut	reflects
4 O	new UGS	me
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
COB	21,200		

Remarks: rocky 20.802 SCC detected Truvellys
Wulley ck at time of Exam p.c. and
Chyn ck.

Stellate Chamber ck
Intake pure ck

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 Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 36028
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 10-16-09 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None obs</u>	<u>None</u>
2. <u>2</u>	<u>part B's hole</u>	<u>B's hole</u>
3. <u>3</u>	<u>Scrap out</u>	<u>Scrap out</u>
4. <u>4</u>	<u>None obs</u>	<u>None</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>ret</u>	<u>7:00</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>ret</u>	<u>1:00</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10 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) discussed with #7
at 7:00 at 7:00

Assistant Mine Foreman [Signature] Certificate No. 3602 Mine Foreman-Mine Manager [Signature] Certificate No. 25000 Superintendent or Assistant [Signature]

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-16 2009 Section or Area Examined #1
 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 DEAN JONES Time 2:40 A.M. P.M.
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH4</u>	<u>Reported</u>
2. <u>2R</u>	<u>N/C/O</u>	<u>Tagged Reported</u>
3. <u>2, 3, 4</u>	<u>Scrap Cut</u>	<u>Reported</u>
4.	<u>N/O</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>2,752</u>		
<u>20.8°</u>			
<u>0% CH4</u>			
<u>0% CO</u>			

Remarks: powercenter, R-ways, CHARGERS, HAULAGE Clear at Time
of EXAM
INTAKE phone OK
Air 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] Certificate No. 3682 Assistant Foreman
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 330600
Rick Hutchens Assistant Foreman Certificate No. 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-16-09 Shift EVE Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for '1' and '2 RT' with violations like 'N/C/D' and 'Scrap Cut', and actions like 'Corrected'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for locations '1-4' and times like '3:50-4:15' with '0 % CH4'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for 'RETURN' at '3:49 pm' and '8:50 pm' with '0 % CH4'.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 6 #31 3:45 pm RCP

Section Safe & Clean at Time of Exam Rick Hutchins 37569 Assistant Mine Certificate No. [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 10-16 20.9 Section or Area Examined 1 section
Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Hutchens Time 11:14 A.M. P.M.
Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 1, 20 CH4, none observed. Row 2: 2, 0, u u. Row 3: 3, 3R, u u. Row 4: 4, 3, Scrap Cut, Reflectors hung. Row 5: 5, 4, Part b deleted, Reflectors hung.

Air Measurements

Location POB CFM 20380 Location CFM

Remarks: 20 CH4 power center, chargers, haulways, fresh air base and intake phone clear at time of exam 20.8

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 Hutchens Preshift-Mine Examiner Certificate No. 37569
Countersigned Kyle Anderson Mine Manager-Mine Foreman Certificate No. 33238
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 10-16 Shift 3rd Area or Section 1st section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>object 4</u>	<u>none observed</u>	
2.	<u>5</u>	<u>u r</u>	
3.	<u>3R</u>	<u>u u</u>	
4.	<u>3</u>	<u>Scrap Cut</u>	<u>Reflected hang</u>
5.	<u>4</u>	<u>Part bolted</u>	<u>Reflected hang</u>
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-4</u>	<u>152</u>	<u>218</u>		<u>object 4</u>		
2.							
3.	<u>1-4</u>	<u>510</u>	<u>541</u>		<u>object 4</u>		
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>object 4</u>	<u>222</u>				
2.							
3.	<u>Return</u>	<u>object 4</u>	<u>550</u>				
4.							
5.							
6.							
7.							
8.							
9.							
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) _____

[Signature] Assistant Mine 37078 Certificate No. [Signature] Mine Foreman-Mine Manager 37078 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 10-17-09 Section or Area Examined #1
 Time of Examination: from 5:10 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Time 5:50 A.M. P.M.
 Report received by J. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Face o ch 4 20.8% od	none observed	Reported
2. #2 Face 11 11	none observed	Reported
3. #3 face 11 11	NOT Bolted	tagged
4. #4 Face 11 11	needs cleaned Dusted	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L.O.B.	20,310		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Travelways Life Shelter Charger's power centers
Clear at time of exam. o ch 4 20.8% od 0% CO

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. 73278
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman [Signature] Certificate No. 1478-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-17-09 Shift Day Area or Section # 1 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3 Face not</u>	<u>not Bolted</u>	<u>Bolted made safe</u>
2. <u>4 Face</u>	<u>Needs cleaned - Dusted</u>	<u>cleaned - Dusted</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1 Face</u>	<u>7:20 Am</u>	<u>0.0%</u>	11. _____	_____	_____
2. <u>2 Face</u>	<u>7:25 Am</u>		12. _____	_____	_____
3. <u>3 Face</u>	<u>7:30 Am</u>		13. _____	_____	_____
4. <u>4 Face</u>	<u>7:35 Am</u>		14. _____	_____	_____
5. <u>1-4</u>	<u>9:20-9:35 Am</u>		15. _____	_____	_____
6. <u>1-4</u>	<u>11:20 Am - 11:35 A</u>		16. _____	_____	_____
7. <u>1-4</u>	<u>12:0 Am - 1:35 A</u>		17. _____	_____	_____
8. _____	_____		18. _____	_____	_____
9. _____	_____	19. _____	_____	_____	
10. _____	_____	20. _____	_____	_____	

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>11:00 Am</u>	<u>0.00%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>3:00 Pm</u>	<u>0.00%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read Page 14 Para 2-4
To crew at 7:05 AM S.E.S.R'S OK!

[Signature] Assistant Mine Certificate No. 1479-A [Signature] Mine Foreman-Mine Manager Certificate No. 350000 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 2009 Section or Area Examined # 1

Time of Examination: from 2:05 a.m. or p.m. to 2:20 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom ~~Jason Thomas~~ JASON Thomas Time A.M. 2:30 P.M.

Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH4</u>	<u>Reported</u>
2. <u>2L</u>	<u>not Bolt</u>	<u>Tagged & Reported</u>
3. <u>3R</u>	<u>N/C/D</u>	<u>Reported</u>
4. <u>4</u>	<u>N/O</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,305</u>	_____	_____
<u>0% CH4</u>	_____	_____	_____
<u>20.8°</u>	_____	_____	_____
<u>0% CO</u>	_____	_____	_____

Remarks: powercenter, R-ways, Haulage, Chargers Clear
at Time of Exam

Intake phone OK
Air 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] Certificate No. 1478-A
Preshift-Mine Examiner Assistant Foreman
Countersigned [Signature] [Signature] Certificate No. 7474
Mine Manager—Mine Foreman

Richard Hutchens 37569
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 10-17-09 Shift EVC Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2L</u>	<u>0% CH₄</u> <u>NAT Bolt</u>	<u>Corrected</u>
2. <u>3R</u>	<u>0% CH₄</u> <u>N/C/O</u>	<u>Corrected</u>
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:00-4:19</u>	<u>0 % CH₄</u> ¹¹			
2. <u>1-4</u>	<u>6:00-6:20</u>	<u>0 %</u>			
3. <u>1-4</u>	<u>8:00-8:30</u>	<u>0 %</u>			
4. <u>1-4</u>	<u>10:00-10:30</u>	<u>0 % CH₄</u> ¹⁴			
5.					
6.					
7.					
8.					
9.					
10.					

0% CH₄
20.8°
0% C°

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>3:58 pm</u>	<u>0 % CH₄</u> ⁶			
2. <u>Return</u>	<u>7:55 pm</u>	<u>0 % CH₄</u> ⁷			
3.					
4.					
5.					

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 3 part C 3:50 pm RCP
Section Safe & Clear at time of Exam

Rick Hutchins 37569 Assistant Mine Certificate No.
Carl Mine Foreman-Mine Manager
38111 Superintendent or Assistant Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 209 Section or Area Examined 1 sector
 Time of Examination: from 1015 a.m. or p.m. to 1045 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Hutchens Time 1105 A.M. P.M.
 Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>none observed</u>	
2. <u>2L</u>	<u>needs cleaned & ducted</u>	<u>Reported</u>
3. <u>2</u>	<u>Part bolted</u>	<u>Reflectors hung</u>
4. <u>3</u>	<u>Scrap Cut</u>	<u>Reflectors hung</u>
5. <u>4</u>	<u>none observed</u>	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Job</u>	<u>17980</u>		

Remarks

20 CH+
power center & chargers hallways fresh air box and
intake phone clean at time of exam
208

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 Hutchens 37569 Kyle Anderson 33238
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] [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 10-17 Shift 3rd Area or Section 1st

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>none observed</u>	
2. <u>22</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
3. <u>23</u>	<u>Part Bolted</u>	<u>Reflecting lamp</u>
4. <u>3</u>	<u>Scrap Cut</u>	<u>11 11</u>
5. <u>4</u>	<u>none observed</u>	
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>156</u>	<u>228</u>	<u>0.6%</u>	11.	
2. <u>1-4</u>	<u>505</u>	<u>536</u>	<u>0.6%</u>	12.	
3.				13.	
4.				14.	
5.				15.	
6.				16.	
7.				17.	
8.				18.	
9.				19.	
10.				20.	

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>234</u>	<u>0.6%</u>	6.		
2.			7.		
3. <u>Return</u>	<u>541</u>	<u>0.6%</u>	8.		
4.			9.		
5.			10.		

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

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

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

Kyle Johnson Assistant Mine 33238 Certificate No. [Signature] Mine Foreman-Mine Manager 390000 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 10-18 Section or Area Examined #1 Section
 Time of Examination: from 5:05 a.m. or p.m. to 5:35 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kyle Anderson Time 5:45 A.M. P.M.
 Report received by Jason Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 Face <u>Och 420.8% O2</u>	<u>None observed</u>	<u>Reported</u>
2. 2 Face	<u>not Bolted</u>	<u>tagged-Reported</u>
3. 3 Face	<u>Scrap cut</u>	<u>tagged-Reported</u>
4. 4 Face	<u>None observed</u>	<u>Reported</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>19,830</u>		

Remarks: Power center travel ways fresh air Bay
Intake phone, charger's och4 20.8% O2 0% CO
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 Kyle Anderson Certificate No. 33238
 Preshift Mine Examiner Assistant Foreman
 Countersigned Jason Thomas Certificate No. 9479-A
 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 10-18-09 Shift Day

Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1 Face 0ch4 20.8% ²	None observed	None
2.	2 Face 11 11	NOT Bolted	Bolted made safe
3.	3 Face 11 11	Scrap cut	Finished - Bolted
4.	4 Face 11 11	None observed	none
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1 Face	7:15 Am	0.0%	11.			
2.	2 Face	7:20 Am	0.0%	12.			
3.	3 Face	7:25 Am	0.0%	13.			
4.	4 Face	7:30 Am	0.0%	14.			
5.	1-4	9:15-9:30 Am	0.0%	15.			
6.	1-4	11:15-11:30 Am	0.0%	16.			
7.	1-4	1-12:5 Pm	0.0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	10:55 Am	0.0%	6.			
2.	Return	2:55 Am	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 11
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 Para 4-5
to crew at 7:00 Am. S.C.S.R.'S OK

Assistant Mine 1479-A 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: 10-18 2009 Section or Area Examined: # 1
 Time of Examination: from 1:00 a.m. or p.m. to 1:25 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom: Jason Thomas Time: A.M. 2:15 P.M.
 Report received by: Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0% CH₄</u> <u>N/O</u>	<u>Reported</u>
2. <u>2</u>	<u>0% CH₄</u> <u>Scrap Cut -15ft</u>	<u>Tagged & Reported</u>
3. <u>3,4</u>	<u>0% CH₄</u> <u>N/O</u>	<u>Reported</u>
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,993</u>		
<u>20.8oz</u>			
<u>0% CH₄</u>			
<u>0% CO</u>			

Remarks: powercenter, R-ways, HAULAGE CHARGERS CLEAR at
Time of EXAM
Intake phone OK
Air 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: 1479A
 Countersigned: [Signature] Mine Manager - Mine Foreman Certificate No: [Signature]
Rick Hutchins Assistant Foreman Certificate No: 37569
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-18-09 Shift EVE Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>0 % CH₄ Scrap Cuts</u>	<u>Corrected</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>4:00-4:20</u>	<u>0 % CH₄</u>	_____	_____	_____
2. <u>1-4</u>	<u>6:15-6:45</u>	<u>0 %</u>	12. _____	_____	_____
3. <u>1-4</u>	<u>9:00-9:15</u>	<u>0 %</u>	13. _____	_____	_____
4. <u>1-4</u>	<u>11:00-11:25</u>	<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. <u>Return</u>	<u>3:59pm</u>	<u>0 % CH₄</u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:59pm</u>	<u>0 % CH₄</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Page 4 #1 3:50pm RCP
Section Safe & Clear at Time of Exam
Rick Hutchins 37569 Assistant Mine Certificate No.
[Signature] Mine Foreman-Mine Manager
37569 Certificate No.
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-18 Section or Area Examined 09
 Time of Examination: from 10:15 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no Time 2:30 P.M.
 By whom Richard H. Shaw
 Report received by Shaw (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>1</u>	<u>N/D</u>	<u>Reported</u>
2. <u>2R</u>	<u>scrap</u>	<u>Reported</u>
3. <u>3</u>	<u>part Bolted</u>	<u>Reported</u>
4. <u>4</u>	<u>None observed</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>LOB</u>	<u>19670</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center - travelways chargers clear at time of examination
Intake phone not working

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 Richard H. Shaw Preshift-Mine Examiner Certificate No. 37569
 Countersigned [Signature] Mine Foreman Assistant Foreman Certificate No. 32294
[Signature] Assistant Foreman Certificate No. 1941A
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-19-09 Shift Midnight Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None observed</u>	<u>Reported</u>
2. <u>2R</u>	<u>Scrap</u>	<u>Reported</u>
3. <u>3-4</u>	<u>None observed</u>	<u>Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LOB 14628</u>	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>0% CH4</u>	_____	_____	13. _____	_____	_____
4. <u>20.8 02</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) Intake phone not working

Shulze
Assistant Mine

1941-A
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 10-19-09 Section or Area Examined #1 Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: yes no
 By whom Shawn Walker Time 5:35 A.M. P.M.
 Report received by Brush Bong (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 Entry	None Observed	Reported
#2R CC	Scrap Cut	Reflectors
#3 OCHY!	None Observed	Reported
#4 20.802	None Observed	Reported
0PPM c/o		

Air Measurements

Location	CFM	Location	CFM
LOB	19.628		
OCHY!			
20.802			
0PPM c/o			

Remarks: Power Center - OK
 Travelways - OK
 Chargers - OK
 Intake Phone ~~Being worked on.~~
 Intake Chamber OK ~~Not working at time of exam.~~
 OCHY! 20.802 0PPM c/o

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 Shawn Walker Preshift-Mine Examiner Certificate No. 1941A
 Countersigned Brush Bong Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1122-A
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-19-9 Shift Day Area or Section #1 section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2R CC.	Scrap Cut	Buffed & Replaced
2.	OCHY!		
3.	20.802		
4.	OCHY/O		
5.			
6.	#4 OCHY-Int	Spotted Bolts - Star patterned intersection	
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	7-730am	0 CHY!	11.			
2.				12.			
3.	1-4	9-930am	0	13.			
4.				14.			
5.	1-4	11-1130am	0	15.			
6.				16.			
7.	1-4	1-150pm	0	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	706am	0 CHY!	6.			
2.				7.			
3.	Return	1102am	0	8.			
4.				9.			
5.	Return	105am	0	10.			

Number of Bolts Tested 8
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) Pg. 5 Sect 16 RUP
at 6:51 AM.

Bush King Assistant Mine
1122A 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 10-19 2009 Section or Area Examined #1
 Time of Examination: from 1:00 a.m. or p.m. to 1:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brenda Bowling Time 2:35 P.M.
 Report received by Rick Hutchens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>0 % CH₄</u>	<u>Reported</u>
2. <u>2</u>	<u>N/O</u>	<u>Reported</u>
3. <u>2R</u>	<u>Scrap Cut</u>	<u>Tagged Reported</u>
4. <u>3</u>	<u>N/O</u>	<u>Reported</u>
5. <u>4</u>	<u>NOT Bolt</u>	<u>Tagged Reported</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,880</u>		
<u>20.8°</u>			
<u>0% CH₄</u>			
<u>0% CO</u>			

Remarks: powercenter, R-ways, Chargers, Haulage Clean at
Time of Exam
Intake phone NOT working
Air 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 Brenda Bowling 1102-A
Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Rick Hutchens 37569
Mine Manager-Mine Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-19-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Entry Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for items 1-4.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for items 1-4 and 6-7.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for items 1 and 2.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #8 3:50pm RCP Section Safe & Clear at time of Exam Rick Hutchins 37569 Assistant Mine Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19 Section or Area Examined # 1
 Time of Examination: from 10:00 a.m. or 10:30 a.m. to 11:30 a.m. or 11:00 p.m.
 Was this report phoned to outside? Yes no Time 11:00 A.M. 11:00 P.M.
 By whom Rick Hutchins
 Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2XL</u>	<u>No</u>	<u>Rechecked</u>
2. <u>3</u>	<u>scribble</u>	<u>Rechecked</u>
3. <u>4</u>	<u>Paint Repld</u>	<u>Rechecked</u>
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOS</u>	<u>20,800</u>		

Remarks: Inspections of haulage area at time of exam
Rechecked of 2XL
outside area - ~~scribble~~
Air sample - OK

CO 0%
O2 20.8%

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 Hutchins 37569 Certificate No.
 Countersigned [Signature] 3500000 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 10-20-59 Shift 3rd Area or Section A1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2XC</u> <u>4</u>	<u>Scrap</u> <u>Post held</u>	<u>La Haged</u> <u>Do it</u>
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.		<u>NO</u>	13.		
4.			14.		
5.		<u>Pro J. E. Ford</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.			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)

[Signature]
Assistant Mine

30284
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 10-20-09 Section or Area Examined #1 Section
Time of Examination: from 3:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside? Yes X no
By whom Kenny Farmer Time 5:40 A.M. P.M.
Report received by Brandon Boy (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include #1 Entry (None Observed, Reported), #2 (Needs Add Cleaning, Reported), #3 (None Observed, Reported), #2 LCC (Scrap, Cut, Reflectors), #4 OCHYI (Needs Cleaned & Dusted, Reported).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, 19,800.

Remarks: Power Center, Travelways, Chargers, Outby Chamber, Intake Phone. OK at the exam. OCHYI, 20.80z OPPM c/o

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. 32254
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 1122-A
Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-20-9 Shift Day Area or Section #1 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2	OCH ₄ . Needs Add Cleaning	Cleaned + Dusted
2.	#2 LCC	20802 Scrap Cut	Bolted + Reflectors
3.	#4	OPPM c/o Needs Cleaned + Dusted	Cleaned + Dusted
4.			
5.	#1 Routby Corner	Corner Needs spotted	Spotted 1 Bolt
6.	#2 L outby Brow	Cracked brow	Spotted 2 Bolts
7.			
8.	Machine Dusted Section - Intake air course.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-4	7-730am	OCH ₄ !			
1-4	9-930am	0			
1-4	11-1130am	0			
1-4	1-150pm	0			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Return	704am	OCH ₄ !			
Return	1106am	0			
Return	102pm	0			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Pg. 3 sect. C of RCP at 645 Am.

Bruce Berg Assistant Mine 1122-A Certificate No. [Signature] Mine Foreman-Mine Manager 3511000 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 10-20-09 Section or Area Examined #1
Time of Examination: from 1:00 a.m. or p.m. to 1:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brenda Bowling Time A.M. 2:35 P.M.
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1	0% CH4	Reported
2	N/O	Reported
3	Scrap	Tagged & Reported
4	N/C/D	Reported
5	P/B	Tagged & Reported
6	N/O	Reported
7		
8		
9		
10		

Air Measurements

Location

CFM

Location

CFM

LOB

20,140

20.8%
0% CH4
0% CO

Remarks: powercenter, Rways, HAULAGE, Chargers OK at Time of EXAM

Intake phone OK
Air 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 Brad Bowry 1122-A Assistant Foreman Certificate No.
Countersigned Rick Hutchens 37569 Mine Manager - Mine Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-20-09 Shift Eve Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include locations 2L, 3, 3R and violations like Scrap, N/C/D, P/B, all corrected.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show methane readings of 0% at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show return air readings of 0% at 4:00pm and 8:00pm.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #16 3:50pm RCP Check SCSR on Crew AT End of Track Rich Hutchins 37569 [Signature] 37569 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10 - 20 - 9 Section or Area Examined 1 sector
 Time of Examination: from 1000 a.m. or p.m. to 1630 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Time AM 11 P.M.
 Report received by Kyle Anderson
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>20ctH4</u>	<u>none observed</u>	
2 <u>20ctH4</u>	<u>Scrap Cent</u>	<u>Reflectors hung</u>
3 <u>3 and 3R</u>	<u>none observed</u>	
4 <u>208</u>	<u>none observed</u>	
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>206</u>	<u>20870</u>		

Remarks:

20ctH4
power extra charges Hallways air base and intake phos
clean at time of exam
208

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 Hutchens 37569 Kyle Anderson 53298
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 350000
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 10-20 Shift 3rd Area or Section 1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>none observed</u>	
2. <u>2</u>	<u>Scrap Cut</u>	<u>Reflected through</u>
3. <u>3 and 3R</u>	<u>none observed</u>	
4. <u>4</u>	<u>none observed</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-4</u>	<u>158</u>	<u>224</u>	<u>06CH4</u>	11. _____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>511</u>	<u>548</u>	<u>03CH4</u>	13. _____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>231</u>	<u>06CH4</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>352</u>	<u>06CH4</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Ryle T. Johnson
Assistant Mine

33238
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 10-21 2009 Section or Area Examined #1 section
Time of Examination: from 5:10 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kyle Anderson Time 5:50 A.M. P.M.
Report received by Brian Bow (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry	None Observed	Reported
2. #2	Not Bolted	Reflected
3. #3 OCHY!	None Observed	Reported
4. #3R 20.802	Needs Cleared	Reported
5. #4 OPPM C/O	None Observed	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	20,543		
OCHY!			
20.802			
OPPM C/O			

Remarks: Power Center
Travelways
Chargers
Outbox Shelter
Intake Phone
All ok at time of exam.
OCHY! 20.802 OPPM C/O

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 Kyle Anderson Preshift-Mine Examiner Certificate No. 33238
Countersigned Brian Bow Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1122-A
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-21-9 Shift Day Area or Section #1 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #2 Entry	Not Bolted	Bolted + Reflectors
2. #3 RCC	Needs cleaned	Cleaned + Dusted
3. OCH ₄ 1.2080 ₂		
4. O PPM c/o		
5. Feeder walkway side	Cracked Brow-Rib	set 5 sand-jacks
6.		
7. Dump R in by Corner	Wide Bolt-Rib Roll	set 1 jack
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-4	7-730A	0 CH ₄ ✓	11.		
2.			12.		
3. 1-4	9-930A	0	13.		
4.			14.		
5. 1-4	11-1130A	0	15.		
6.			16.		
7. 1-4	1-140PM	0 ✓	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	702A	0 CH ₄ ✓	6.		
2.			7.		
3. Return	1105A	0	8.		
4.			9.		
5. Return	107PM	0 ✓	10.		

Number of Bolts Tested 9
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)

at 648 AM.

Pg. 3 sect A of RCP

Bush Bong
Assistant Mine

1122-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

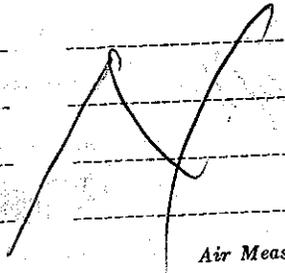
Report shall be signed when made

Use Indelible Pencil or Ink

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 _____ Time _____ A.M. _____ P.M.
By whom _____
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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



Air Measurements

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

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 _____