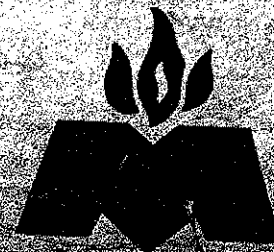




19.5  
49.8

# THE FOREMAN'S HANDBOOK UNDERGROUND



DO NOT REMOVE THIS TAG

# TO BE DONE TODAY

ITEM NO.	(NUMBER EACH ITEM)
11-2-09 Mon.	
	Went in early & took Tidy, Gino, Helen to 3rd
	✓ H.B. Barker
	✓ Took to Japan
	✓ Cleaned 1 D / 1 Tail
	✓ new discharge of dirt I should not up
	✓ 1 D's
	✓ carried dust
	✓ had to go 1N 2 X's
	✓ Slip
	✓ put mat at
	✓ filled 1 car dust

ITEM NO.	(NUMBER EACH ITEM)
	✓ had to go stand 1N slip
	✓ Changed & washed EM filter
	✓ 11:30 - 12:30 starting 1N slip
	✓ filled 1 car dust 3 sec 1
	✓ 1 spin 15, 1N
	✓ C & D around 15 Tail dusted 46-47 on 15 around 1N head
	✓ Top Center Roller 46 Imprint 1 South

## TO BE DONE TODAY

ITEM  
NO.)

NUMBER EACH ITEM

11-08 ✓ 100 lbs. Tuna  
✓ Bushy & dark #6 Scapier  
✓ 19 pump (It's local bait)  
Spoon made  
(Chad told with me)  
Was changed eyes, blocked  
G-15 did go 1 South  
tracks side  
✓ F.M. 1105 I picked  
George up at 1 South tail  
I have belt 2-15  
Went back I found  
3 places 2-3 boks  
✓ 1 at 9 Bul  
✓ 14 pump  
Chad met with George  
after 12:00

## FIELD LINE CHECKLIST

1. Check if start and stop switches are grounded.
2. Check belt alignment, stuck rollers, missing rollers and torn belt or splices.
3. Guards in place at the belt drive.
4. Fire suppression at belt drive, fire extinguishers at the belt drive and tailpiece.
5. Water valve outlets available along belt line at intervals of not more than 300 feet and at tailpiece.
6. Water valve outlet within 300 feet of belt drive with hose available for use.
7. 500 feet of hose at a strategic point to be available for use.
8. Check isolation stopping properly installed.
9. Belt line rock dusted and no spillage or float dust accumulations.
10. Can belt be stopped anywhere along the belt.
1. Bottom belt damp.
2. Water sprays operating at transfer points.

## BELT AND TRACK SAFETY PRACTICES

1. Each year many accidents happen on or near belts.
2. Do not clean rollers with cap blocks.
3. Do not try to remove objects from belt while running.
4. Do not work on belt without stopping it.
5. Do not chase a moving belt.
6. Do not attempt to start a roller with hands. It may pull hands into roller.
7. Before working on a moving conveyor, stop it, make sure it will not start without your knowledge.
8. Never stand on a stationary conveyor unless you know it will not start.
9. Don't ride on conveyors except where controlled riding is permitted.
10. Always cross belt at a bridge or stop it until you are across.
11. "Around any track haulage" always stop, look and listen.
12. Report all defects to locomotives. Have good brakes.
13. Avoid violent braking. It often causes skidding.
14. Obey speed rules of the mine.
15. Do not push trips or run without trip lights.
16. Always ride in the cab and do not expose any part of your body outside of motor or car.
17. Do not ride bumper of cars.
18. It's safer to walk than ride illegally.

Dusted 15 South Portal - 2 Brk  
✓ Splines 15, 16, 17, 18, 19, 20

3000 #1 Baldhead off  
cleaned it out

\* Broken Crodle 46 at  
tape



-4:09 Work

✓ Booby, took 6 Seag  
George & I surgical suit under  
top of hull

✓ 19 jump had to put  
~~disrupting~~ line on

set sand jack corner of dune

✓ 110's EM

✓ Had to go South 1 South

✓ Look George to south  
✓ 1 South tail

Got back to EM Head

Called 1 North off

went to stand it 3X5

✓ option 1 N

CD 1 South Tail

Dusted 46-50 15

✓ 1 South Tail

Washed & changed P.H. EM

8:45 - 9:50 AM

went to 15 tail to get  
George

Cleaned out Rock box

3 se & 1 galled off

(supine galling device)

Measured to sup <sup>mouth</sup> with

& hold down

Measured George P.H.'s

on 15

✓ 1 South Splice

filled & ran dust & handle

1 Sunito 3-4 Bk Bushy Creek  
37

1 N Dropped Bk 10-138

11-5-87 Thur

✓ Basha, gathered up

getting

took 6 Jeep in Drags  
with me

Had to go start 1 Sunito  
2X's

Hauled dust to 1 Sunito  
tail

✓ F.M. 11/6's 819 pump

Hauled 100 dust to  
1 Sunito tail

✓ 14, 88 pump

Found 3 sec #1

is logging out to head  
from takeup up

Found water to sub drill  
off, sand it on

ran dust 1 Sunito 7

Chased out last box 3<sup>rd</sup> 1

Dropy & T. aligned & sealed  
8 lined Jan 13 - tail  
pnd B. Riller at 148

Cleaned 3<sup>rd</sup> tail & wall

unhooked or gaffed, cleaned  
fitter, filled & ran duster  
at 1 South from there

✓ Splice 18, 1N

distilled around 3<sup>rd</sup> head

1 South B. Cradle 2-3, 9

43-44

spot D (Remarks C)

1 N spot C & D

4<sup>th</sup> water taken to 3  
under head C, med D

#2 last set up & tail mark

fixed & sealed & ran  
brush duster at 1N  
tail & cleaned it

11-6-09 FRI

✓ Broke 2 tanks & traps  
Droopy with me

✓ #19, EM, 11.25

Took Droopy to Seal  
& made one, South up

#1 North off started

It got after quickly  
some off seals

gentle back on

more slip some

went & got things

cleaned up got off

1 South tank I dusted

dusted 1N head area

✓ 46-47 on 1 South

~~cleaned~~

spread 6 Brk mostly  
off area 1N Tail & some  
spot at 11 Brk

Helped Droopy clean  
on 4 & 2 last 2 setups

Rock called water off  
on 3 & 1 went to it

but it was grabbed off  
cleaned it out.

only mid pt.

filled 1 fuel line  
in trucker dust 1S.F.T.

checked #14 pump

" sphere 1S 1N

Filled 1 in trucker dust

1N Tail

North 16-77 BL

Heater

F.B. 15 IN  
same

11-7-09 SAT

✓ Boots & Took 6 Temp

✓ #19, EM 110'S

[✓ #10 read at 6:23 AM  
IN Gassing, OK at room  
0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

1/4 hole / South tail  
Hose has to be 1/2" opening  
to go over it.

Cleaned lat at 75  
tail & ducted  
ducted around 1 N. hole  
" 46-47

found #3 head ready  
to go, cleaned it  
out but 15 min left  
stand back 6:10-8:25  
Total

Cleaned lat at f.T.  
8:17-13:55 off work

I'd say that's why  
15 Tail bobbed off

\* Tell Burt Rick  
Time Scapers in Rock Box  
3x1 2 Catching rocks

~~Dropy fullal~~  
Dropy fullal  
Character 3x1 2x1 1x1 1x1 pump

\* Dropped BR 16-17  
Need Hanger Kuller gear

moved D Box on 3 section  
Canned Industrial 23-26  
sawped with water  
top of hill

\* Changed out Hanger  
filled E.M. DD PM's

Checked splice  
NS 1N

\* 3 Bobbed off Again  
Gary trimmed metal  
I helped with tauter

1:58 1 South went off  
on ship as I got to tank  
2:37 going

1 South

TCK 45 Bk stuck

Spends spot during

BK roller Hanger 16-17 Bk  
1 South

1 North



11-9-89 Mon

✓ Books (b) (7)(C)

took me to Door no notes  
The Drumpy

✓ 19 Pump made over  
kettle up

6:38 AM  
checked #5 Seal ok in Gasing  
0% CHY 0% CO 20.8% O<sub>2</sub>

✓ E.M. NDS

6:57 AM  
checked #10 Seal ok in Gasing  
0% CHY 0% CO 20.8% O<sub>2</sub>

7:14 AM  
checked #13 Seal ok in Gasing  
0% CHY 0% CO 20.8% O<sub>2</sub>

7:31 AM  
checked #21 Seal ok in Gasing  
0% CHY 0% CO 20.8% O<sub>2</sub>

Shouldered & drilled P.S. tail  
- 46 Brk

shouldered 42-47 Brk  
drilled around 1N level  
Area

Saw Beeman walking with

Checked 3er #1, lost box X

Changed out & wash  
filters at E.M.

Checked replace 4 Wash  
1 South

checked pumps 8, 14, 30

#8 starter box not  
working & off handle

filled 1/2 tank & 1/2 South  
cleaned P.L. th. Borne  
shut down one in house

Sept 11 at flight  
maynard subject had  
15 of 10

SA me  
filled out North  
Books (Reports)

11-10-09

✓ Books

No kids again

Dellert took me to

door

made sure battery up

cleaned & towed at

flow time 1 South

Nothing seen down to it

shoulded pulley

17½ - 15 Bk of side

cleaned on 3 sec 1 had

none

✓ 14 pump

filled & ran dust

at flow time need

dust

cleaned out 3 sec Rock by

walked from head-section  
to tail about 1 hr  
we not sure if any work

✓ EM 1105 & 19, 8, 14  
8 still not working  
D box not working

George & I secured  
3 sec #1 heat

worked on 15 Spaza  
checked system 15 PM  
Greased 1 South tank

Changed out filter EM  
put lines on 8 filter  
Landed 1W tank  
Cleaned engine at star  
Both same

11-11-07 Wed

✓ Boats & took 11.5 cup in

George with me, swapped  
out water on #11

Took George to 1 South tank

changed 1 chemical filter

EM and called & told

✓ 19, EM 1105 <sup>Donny</sup> Fuel igne  
Grease

Checked 5 Seal 8:29 AM ok

0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

IN Gasing

#10 - 8:43 AM ok at TOE

0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

IN Gasing

#13 - 9:05 AM ok at TOE

0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

IN Gasing

Cleaned 1 South tail

carried dust to CTW

duck up oil spillage

dusted Portal-2 Brk

ETA punch Out

✓ #14 pump

✗ Put Rollup on Board

#14 Hanger on 1 North

Need Dust at 3 head

Need put on pallet

Cleaned out last bag 3 sec 1

Cleaned on 3<sup>rd</sup> head

Checked splines 1S, 1N

BR Behind 3<sup>rd</sup> belt backup  
- 6 TCR BR Lin

1N CTW  $\frac{1}{4}$   $\frac{1}{3}$  origin

BR 14 Hays

11-712-09 Thurs

Droopy & I took 6 3 sep  
but knowing bik bad, brought  
it back out. I rode with  
cru to top of hill then I  
took it to 3 se & unloaded  
supplies.

Had to go outside & get pulled  
of mine into stake to  
3 & unload. used 3 and  
slip to 10.5

✓ 12 11/18, 11/18 pump  
11/18 nearly started but got  
D. broken & ended up

took chock out of my  
Box & put on of same chain

filled 6 Rand (can check)  
15.77

✓ EM 110's

✓

#10 Seal 10:00 AM OK  
0% city 0% CO 20.8702  
IN Gassing

#21 Seal at TDE 10:25 AM  
0.05% city 0% CO 20.8702  
IN Gassing

\* turned splice in South  
Needs made tonight  
1' x 3' L

found belt down 21 BH  
fixed it back and  
changed from 6 - 22

should 4 sec 1 tail spillover  
Checked section 15.11 11/18

Put in B K with com day  
helped to keep 3 sections  
Droopy with me

✓ Ad <sup>10</sup> Seal <sup>4</sup> 7:12 AM  
 1N 63m ~~60~~ 05% by 0%  
 20, 8% by ok at TOE

Wt 13 Seal AT 7:35 AM  
IN Basin 25% Chy DFC 20.8% Wt  
put in BR at 46 h 1 Seal

At 7:50 Am Got  
call to go outside  
Left outside 9:13 Am  
but motor wouldn't clean  
(motor dead - shut down)  
took Glow Rods to Head  
Left outside 9:58 Am  
R.B.W.N.

trouble getting little  
scoop Bk to set  
Tomy got it  
unloaded 11:30

✓ 8,14 Chagelnd

waited till 12:10 PM  
called Bing to let her  
know that Chung had called



11-13-09 FRI

A. Head Dust 38+ hrs  
Need Dust \* 38

Checked 15, 1A

Blocking out 38  
H 21, 25, 26, 30, 38  
leaving

15 needle and dusting  
1W spot C + D

Filled & ran dust at 38  
pm

11-14-09 SAT

Took 6 Jeepin Droopy  
with me

✓ 19, 1M 110'S, #13

helped with structure

11 Brk on 1 South

took 84 coupling to 4 ac

went to 1W head to

set up pump 2X'S

helped with pump

ate 4 ac to 1W head

box

Painted 11's on Sloppy  
my sign

Chopped & washed  
Litter E.M.

Checked split 13 LN  
" #30 13 pm  
turned on 1 Sa

8-9 BR

10-11 3 BRs + Noodle Round

25 BRK BR

Did FR in 1 Noodle

11-16-08 Mon

Took 6 Seipin Drampy  
walked into

I went to check on me

11 Bk I helped them

Then got out roller  
I started in after 8

-11

From me took Broken  
Cradle out

Got both going 8:12 Am

turned on 1 South 2 Bk  
Trail Dropped BR 8 Bk  
into

Swashed

Changed getting EM

(b) (7)(C)

down on smoke

Exp 1 South  
Coff P Bat 17 BK  
dusted 5-7 on North  
7 ton walk side

Quilman 1 South 1 North

11-17-09 Tues

Took 6 Jeep in

Took (b) (7)(C) to P BK

✓ 19, E in 110's

Modesure 1 South Up

Started 1 North

Went to 4 sec

Trained on #2 some

Dropped BK

Trained on #3 watched  
them load on it some  
dead - 7 ton left 8:40

dusted 8-10 walk side  
on 1 N

aimed ✓ & dusted 15 ton  
area 46-47 BK 7 ton  
around 1 N head



11-18-09 Wed

Took 6 Jeep in

✓ 19 Brk, 5 M 110's

Took (b) (7)(C), 1 South Tail

✓ #13 Seal 6:44 AM 1N Gas  
0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

✓ 1D Seal 6:57 AM 1N Gas  
0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

✓ 5 Seal 7:13 AM 1N Gas  
0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

Copper  
tube is cracked near seal  
someone has put tape  
just with crack (couple in)

talk to Harley

changed & washed filter  
at E.M. line

Checked 1/4 Brk Pump

Grease taking 1 South head

Took Dust to E.M. from 3  
canister & dust 21-26  
went to 1S tail & put  
up (b) (7)(C)

filled & ran dust at  
1 South Flare thru

8 Brk  
pumps 3 Sec needle  
starting box

Dropped B.R. needle bag  
11-12 Brk on 1N

checked splines 1N, 1S

1 South 17-20, 25 tail  
checked 4 Sec & 1 & 1  
1 spline

11-19-09 - Thurs

Helped (b) (7)(C) look for  
parts & took him to 3 sec  
before SOS

Took 6 Super put 12 on Auger

made eye belts up  
checked EM 1105, 19 Locked out

#5 Seal 6:31 AM IN Gasing ok  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
tubing

#10 6:46 AM IN Gasing ok  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#13 6:58 AM IN Gasing ok  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#21 7:09 AM IN Gasing ok  
.05% CH<sub>4</sub> 0% CO 21.2% O<sub>2</sub>

went to EM ranch & picked  
Droopy up

Droopy & C.T. helped Clay  
load black on scarp at 19

~~took 110's running on 4~~  
~~put 12 on 3 sec~~

loaded fire hose for 4

Took fire hose

to #2 & #3 headed 4

CO<sub>2</sub> #2 tail

Droopy @ #1 tail

indicate then we went  
back to cleaned tubing

located sub by tail & in by  
tubing

CO<sub>2</sub> 110's running on 4

put 12 on 3 sec

Pushed 3 sec 110's

filled 110's dust 3 sec



checked splines 15, 1N

#30 pump ok

1 South add D17-2#, 25<sup>th</sup> tail

1 North Spot C & D

4<sup>th</sup> 1 spline V & D and 6 clips

8 splines

Brake 7 Brk

Spot C & D tape

Need dust

#2 BR 13-14

Hinley corner 2 Sand Jack

7 wall side

Need D tape

Jumped school PB at 3 head

Coff PB

1 spline 2

#3 add D tail




FIRST AID BASICS

- \* Conduct an initial survey of the area for any life-threatening hazards.
- \* Do not move the injured person until you have a clear understanding of the injury. Always suspect a spinal injury if the patient is unconscious.
- \* Remember your A B C's: Airway, Breathing and Circulation.
- \* Send someone to the first aid trailer for needed treatment materials.
- \* Alert the mine office of the accident and request an ambulance if necessary.
- \* Call for the nearest EMT.
- \* Open wounds should be sealed or covered with sterile dressings.
- \* Fractures should be immobilized.
- \* Imbedded objects should not be removed.
- \* Treat the patient for shock.
- \* Keep the patient as calm as possible.
- \* Transport carefully.

## FIRE OR EXPLOSION PROCEDURES

- \* Don SCSR.
- \* Determine immediately:
  1. What employees are affected?
  2. What area of the mine is affected?
- \* Alert all personnel to assemble at a predetermined location in the intake air.
- \* Turn off the power on all face equipment.
- \* Turn water sprays off on all face equipment to conserve water.
- \* Notify the surface by phone or any other communication available during the emergency.
- \* Call for additional fire fighting equipment and materials.
- \* If the situation is not life-threatening, leave two persons at the communication post and return to the emergency area with all fire fighting equipment available. **DO NOT TAKE CHANCES.** evacuate if necessary.

**WHEN ESCAPE IS CUT OFF**

1. **BARRICADE** 
2. **LISTEN** for 3 surface shots, then...
3. **POUND HARD** 10 times on roof bolt or floor 
4. **REST** 15 minutes, then repeat **POUNDING** until...
5. **YOU HEAR** 5 surface shots, which means you are located and help is on the way: 

U.S. Department of Labor - Mine Safety and Health Administration

## VENTILATION CONTROLS

- \* **BE SURE** methane tests are made
  - \_\_\_ before equipment is energized at the face.
  - \_\_\_ before equipment is trammed to the face.
  - \_\_\_ immediately before welding, cutting, soldering.
  - \_\_\_ continuously during welding, cutting, soldering.
  - \_\_\_ at least every 20 minutes (or more often if required when face equipment is operating).
- \* **BE SURE** methane monitor is operating properly - don't ignore or overlook possible monitor malfunction.
- \* **DO NOT** enter any areas which have not been examined - especially idle or abandoned areas.
- \* **REPORT** any noticeable change in air velocity.
- \* **BE SURE** line brattice is kept within 10 feet of the face (or other required distance).
- \* **REPORT &/OR REPAIR** any damage to ventilation controls (crushed-out stoppings, line brattice, check curtains, etc.).
- \* **BE SURE** water sprays and scrubber (where installed) are operating properly and in use while cutting coal.
- \* **BE SURE** sufficient area is provided behind line curtains (for sufficient airflow).
- \* **BE SURE** all air lock doors are kept closed.
- \* **DO NOT** change or alter any ventilation controls without proper authorization - leave as found.
- \* **REPORT** unusual hissing sounds (methane gas feeders, ventilation tubing leaks, etc.).
- \* **REPORT** strange odors (rotten egg smell, burning sensation in nose/eyes/throat, etc.).

## **GASES**

1. Make gas examination test with:
  1. Approved Methane detector.
  2. Approved flame safety lamp.
2. When and where to make gas examinations:
  1. Before energizing equipment at the start of any shift.
  2. All section working places, returns, returns from pillar lines, and returns from advancing sections.
  3. High cavities.
  4. Main returns and shafts.
  5. At intervals of 20 minutes while operating machinery at the face.
  6. Before burning or welding is done.
  7. At frequent intervals, examine the exhaust from auxiliary fan for gas.
3. Any time 1.5% or more of methane is encountered in the face, de-energize the equipment and reduce the methane content below 1% before resuming operations.
4. If 1.5% or more methane is detected in the return split, withdraw personnel to a safe area, de-energize all equipment on the section until methane falls below 1%.

## **ROOF CONTROL HIGHLIGHTS**

- \* All places shall be roofbolted prior to abandonment.
- \* A test hole shall be drilled in each intersection before reactivating an area that has been idled more than 14 days.
- \* Test holes will be drilled to 12 inches above the anchor zone at each intersection when tension bolts are used.
- \* ATRS shall be no more than 5 feet in by the last row of permanent support.
- \* Mine openings shall not be holed through into unsupported areas.
- \* Only one pillar corner in a line of crosscuts will be removed, all others will be square.
- \* Falls or excavated areas shall be supported as per plan.
- \* Bolts shall be installed to within 1 foot of face.

## VENTILATION PLAN HIGHLIGHTS

- \* Return stopping maintained to 4th outby crosscut.
- \* Intake stopping maintained to belt tailpiece.
- \* A curtain shall be maintained in all places driven more than 20 feet in by the rib line.
- \* Diesel Equipment.
  - Tests for: CO, No<sup>2</sup>, NO.
  - Twice during shift.
  - After any corrective maintenance.
  - Record any unsafe conditions.
- \* Methane Tests
  - Before taking equipment to face.
  - At 20 minute intervals.
  - Before energizing equipment at the face after a breakdown.
  - Before cutting or welding.
- \* 5,000 CFM at end of curtain prior to the continuous miner being used at the face.
- \* Line curtain to be within 8 feet of the bumper at the beginning of the cut and then maintained up to the 2nd row of bolts.
- \* Water sprays must operate on:
  - Belt drives.
  - Other transfer points.
  - On the bottom belt.
  - Continuous miners.

## CHECKLIST - MINING SHIFT FOREMAN

1. Employees - proper safety equipment - task training.
2. Fireboss Books - proper pre-shifts - violations.
3. Sections - ventilation, supplies, sights, cleanups, rock dust, etc.
4. Haulage - track, clearance & cables.
5. Ventilation - overcasts, stoppings.
6. Roof Support - spacing and materials.
7. Electrical - fire protection, cables hung, guarding.
8. Belts - well maintained, clean, rock dusted.
9. Water - pumps, leaks, sumps, fire protection.
10. Battery Charging Stations - housekeeping, vented, fire protection.
11. Communications - telephones, radios.
12. Firebossing - all areas examined.
13. Safety Observations.

## HOUSEKEEPING

1. Oil Cans
  - a. Keep all oil cans together.
  - b. Keep rock dust and fire extinguisher there.
  - c. Send all empty cans outside.
2. Keeping Equipment Clean
  - a. Avoid all possible oil spillage.
  - b. Clean oil and coal accumulation from all equipment.
  - c. Dirty equipment is a fire hazard.
3. Storing Of Materials
  - a. Store supplies in a safe place. (Not under loose top or ribs)
  - b. Stack material so as not to fall or roll.
  - c. Always have walking clearance.
  - d. Store rock dust in a dry place.
  - e. Do not cover small material.
4. Place For Tools
  - a. Saves time and tools.
  - b. The right tool makes a job safer.
5. Value Of Housekeeping
  - a. More efficient and makes a job easier.
  - b. Prevents injuries.
  - c. Reduce fire hazard.
  - d. More pleasant place to work.

## SECTION FOREMAN

1. Employees - proper safety equipment - task training.
2. Portal Bus - jack and bar, fire extinguisher, sanders, eyeglasses, etc.
3. Mantrip Station - high voltage guarded, clearance, etc.
4. Supply Cars - properly blocked, positive stop block.
5. Ventilation - faces, last open crosscut, stoppings, curtains, methane tests.
6. Roof Control - torque wrench, test holes, bolt spacing, loose roof.
7. Battery Charging Station - housekeeping, vented, fire protection.
8. Belt Feeder - emergency cord, panic bars, coal and float dust, guards.
9. Scoop - battery lids secured, plugs locked, panic bars.
10. Section Equipment - free of coal dust, pre-operational check made, guards, cable, lights, brakes, panic bars, proper tools.
11. Dinner Hole - escapeway map, first-aid material, cleanliness.
12. Safety Observations.
13. Power Center - mats, cable tags, breaker setting and lock-out procedures, guards, fire protection, ground plugs.
14. Beltline - clean, rock dusted, belt rollers.
15. S.C.S.R.'s - inspection - location - amount.
16. Escapeway - map, drills, first aid supplies.

## CHECKLIST REMINDER BELT FOREMAN

1. Employees - proper safety equipment - task training.
2. Transportation - jack and bar, fire extinguishers, sanders, brakes.
3. Work Area - roof support, tripping hazards.
4. Beltline - splices, blocking, guards, rollers, cleaning, sprays, switches, free of float dust, clearance.
5. Belt Drive - alignment, guards, fire suppression, cleaning, cables hung.
6. Electrical - fire extinguishers, mats, cables hung, rock dust.
7. Pipe - outlets, nipples, etc.
8. Equipment - well maintained, proper tools.
9. Escapeways - inform employees.

### Individual Job Safety Observation



Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_



11-20-09 FRI  
✓ #19, Dragg Cut EM 110's  
Charged 1 hundred filler EM  
Checked 2 ducts 3 sec #1 heat Haly  
showered 3-9 on tank and 3 #1  
Dragg on wall side

Dragg hault go fill in on  
North Side Dear & want  
home (emergency)

Checked 3 #1 splices 30  
Put BR in 4 Brk  
Took top out 7 Brk  
FRAMP TON A Thread  
✓ #14, 8, 30, 4 sec 110's  
Checked splices 15 sec North  
Filled Dragg duster 15 sec F.T.

**Individual Job Safety Observation**

Mine/Plant Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date of Job Safety Observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

*\* Do PM's \**

3 tail needed C  
 # V flow Rellinggongdon  
 water cutting bar just passed  
 Need 9' Sandjacks on cone  
 at water table  
 # 26 BR Needs changed  
 22-23 2 Top out side by S  
 18 tail add D  
 9 tail need spot C  
 15, 1N Same  
 4 # 1 take up needle C, Needs  
 Spot C Need D closed  
 outly C & Vapour  
 # Strawle & Kriz 3 Brk

Individual Job Safety Observation



Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

\_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

\_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

\_\_\_\_\_

11-24-09 Tuesday weathered half in 5  
 on 11-23 Drumpy repaired outside  
 phone not working (wait for mine)  
 11-23 EVE Peter Person has been  
 moved off section for see equipment

1 section #3 Beetham PB  
 water touching mat at Back  
 7:20 AM

went across floor but PB  
 on 4 by 7:35 everything ok  
 No water or falls  
 0%CH<sub>4</sub> 0%CO 21.1%O<sub>2</sub>

Intake 1Wby Last 2 stoppings  
 A- 18.5W  
 6.5A  
 945  
 1110  
 120.45  
 474 R  
 No Corrosion

474  
 120  
 9480  
 474  
 5688-0

# Individual Job Safety Observation



Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_

Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

✓ 4 sec Chamber

Bottom 4500 PSI

~~Top~~ mid 4425 PSI

~~Temp~~ Top 4225

Temp 540

Last Cal 10-24-09

Now 11-24-09

water at 25 Brk but  
passable

pulled lots loose rock

I moved some reflectors  
closer for 25' apr

Needs some ~~extra~~ more  
Added

### Individual Job Safety Observation



Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

3.4 Brk 14 or 5 Brk fr 3 Sec 19 pld  
 19  
 6.5  
 9.5  
 11.5  
 124.5  
 124.5 A  
 853 R  
 -20 C  
 833  
 124  
 1333 2  
 1666  
 833  
 103,292 CFM

Had to Go outside to  
 Get Dolly for 1 South Tail  
 Calibrated Detector from  
 4 Sec <sup>while there</sup> <sup>intake phm</sup>  
<sup>12129 p.m.</sup> <sup>ok at</sup>  
 Change of Luvashed filter  
 E.M.A.N.S.  
 put A back when fire bossed

# Individual Job Safety Observation

Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

#5 Seal 10:45 Am IN Gassy ok  
0.05% CH<sub>4</sub> 0% CO 21.1% O<sub>2</sub>

#10 Seal 11:05 Am IN Gassy ok  
~~0.05%~~ 0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#13 Seal 11:19 Am IN Gassy ok  
0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#21 Seal 12:04 Pm IN Gassy ok  
0.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

No power 3, D-box 8 Bk pump  
Checked EM 110's, 19, 30, #4  
Got 110 pump ~~the~~ Spur on 4 Gain  
water at 3 Bk, Steam still  
looking turned water off 1 N  
Sorry #4

Individual Job Safety Observation	
Mine/Plant Name: <u>382</u>	
Employee's name: <u>382</u>	
Date of job safety observation: <u>382</u>	Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Job being performed: <u>382</u>	
Were proper tools and safety equipment being used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detail any deficiencies: <u>382</u>	
Did employee conduct proper pre-operational checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detail any deficiencies: <u>382</u>	
List tasks employee performed properly: <u>382</u>	
List tasks observed where improvements are indicated: <u>382</u>	
Was this safety observation discussed with the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments: <u>382</u>	
Supervisor's signature: <u>382</u>	



Track 1 Brk out by switch  
+ Danger Brand

298 R A <sup>20</sup>  
+ 10 C 140  
308 308

Power on  
Box 4 #1  
Head

140  
12320  
308

4 Sec

43,120

3 Sec

17-18 Brk Before Mouth  
of 3 No power on 3

Power 17 Brk  
378 R 19 388  
+ 10 C 5 95  
388 V 95-A 1940  
3492

Pumps PC's  
track safe at exam  
(34860)

### Individual Job Safety Observation



Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

List tasks observed where improvements are indicated: \_\_\_\_\_

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_



11-30-09

✓ Boaka  
Took 6 Jumper

Detained & installed  
top 6,89 B 15

2 122-23 26

put fork lift on charge  
put mat, hung cable  
& Fire ext at charge

Drropy & hung 200' cable  
for D-Box

Checked 8 & 14 pumps

left 14 running

Changed 2 air filters E.M.

### Individual Job Safety Observation



Mine/Plant Name: \_\_\_\_\_

Employee's name: \_\_\_\_\_

Date of job safety observation: \_\_\_\_\_ Shift: ☐ 1 ☐ 2 ☐ 3

Job being performed: \_\_\_\_\_

Were proper tools and safety equipment being used? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

Did employee conduct proper pre-operational checks? ☐ Yes ☐ No

Detail any deficiencies: \_\_\_\_\_

List tasks employee performed properly: \_\_\_\_\_

8.5-11-13 12:00 pm  
Box 6.5-3 on 12-11

List tasks observed where improvements are indicated: \_\_\_\_\_

working on pump

Was this safety observation discussed with the employee? ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

working on pump

Obd around 3<sup>rd</sup> / head  
filled & round dusted 1 Sout F.T.

Had Mike & head shot dust  
16-20 m / South track side

Checked splices

Spot C 2-3 on / South

Brk Cradle 43 2 out each side  
46

#### MAPS

1. All sections must have a map posted.
2. Following information shall be posted on the map:
  - a. Overcast
  - b. Stoppings
  - c. Doors
  - d. Intake escapeway - (show to men)
  - e. Return and return escapeway - (show to men)
  - f. Track
  - g. Belt
  - h. Air flow indicated by arrows
  - i. Regulator
3. The above information should also be accurately recorded and updated on each foreman's personal projection.
4. Each foreman must carry and update his projection daily.
5. Post and keep map clean.

## SIGHT AND RIB LINES

1. Take sights properly.
2. Measure accurately.
3. Drive places strictly on sights.
4. Properly mark sight and rib lines.
5. Paint distance marks.
6. Proper advancement of sight points.
7. Properly mark for new starts.
8. Keep constant supervision to see that places are cut according to plan to avoid gouging and excessive widths.
9. Mine according to approved projection only!

## TURNING A 90 DEGREE ANGLE

Performed by:

Section Foreman.

Materials required to complete job:

1. Chalk to mark roof.
2. Tape measure.
3. Rope.

Responsibility:

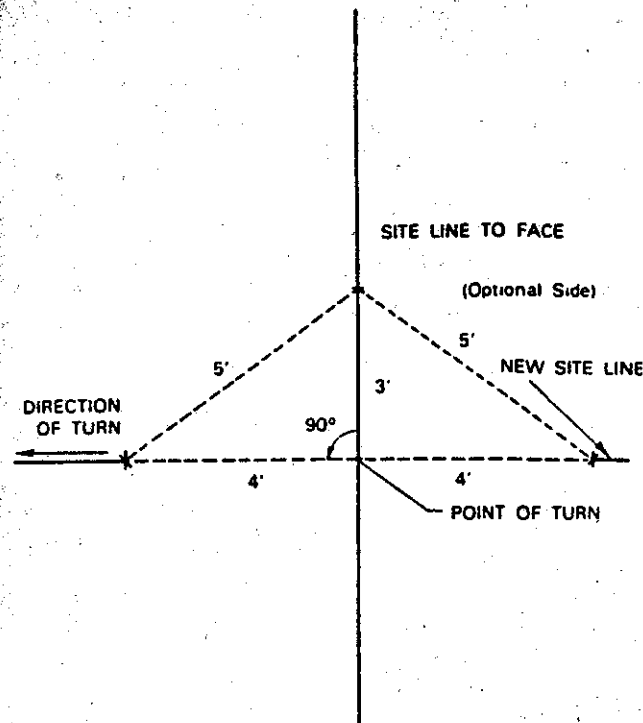
Section foreman is responsible for measuring and showing the initial direction of all crosscuts at the face.

Continuous miner operator is responsible for following the site line according to our approved plan.

Instructions to complete job:

1. Mark up center line to the face.
2. Establish the "point of turn" by measuring the proper distance from the last permanent spad.
3. From "point of turn" measure either inby or outby 3 feet.
4. From "point of turn" measure 4 feet and strike an arc in general direction of the turn.
5. From the 3 foot mark, measure 5 feet and strike an arc intersecting the previous mark.
6. This process can be reversed to give a 3rd point.
7. Strike a line from the "point of turn" to the intersection of the 2 arcs.

# EXAMPLE: Turn 90 Degree using 3-4-5 method



## Planning:

1. The section foreman shall determine according to the mining cycle when to turn a crosscut. He shall then measure the desired distance and direct the proper way to turn.
2. The continuous miner operator is responsible for turning the crosscut in the direction shown.

## TURNING A 60 DEGREE ANGLE

Performed by:

Section Foreman.

Materials required to complete job:

1. Chalk to mark roof.
2. Tape measure.
3. Rope.

Responsibility:

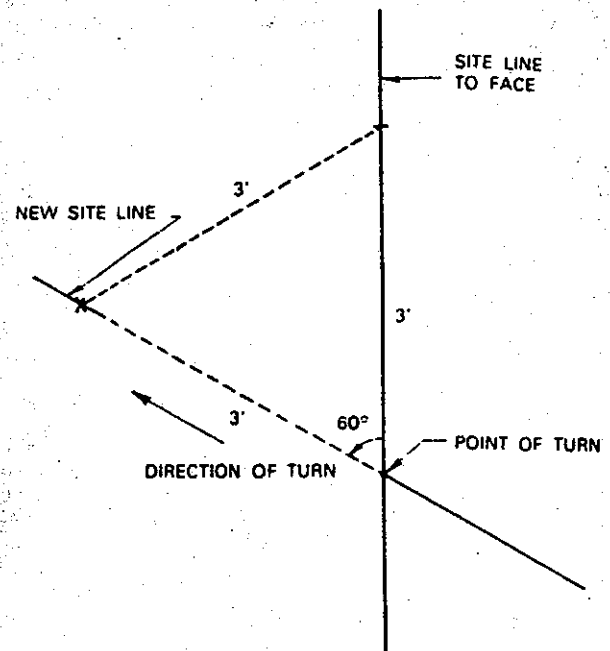
Section foreman is responsible for measuring and showing the initial direction of all crosscuts at the face.

Continuous miner operator is responsible for extending and following the site line according to our approved plan.

Instructions to complete job:

1. Mark up center line to the face.
2. Establish the "point of turn" (center of crosscut) by measuring the proper distance from the last permanent spad.
3. From the "point of turn" measure 36" in the general direction of the the turn that is to be made and strike an arc.
4. From the "point of turn" measure 36" in by
5. From the point established in previous step, measure 36" in the general direction of the arc that was previously marked. This arc will intersect the first arc.
6. Using a rope of adequate length (minimum 10 feet) strike a line from the "point of turn" to the intersection

**EXAMPLE Turn 60 Degree using 3-3-3 method**



**Planning:**

1. The section foreman shall determine according to the mining cycle when to turn a crosscut. He shall then measure the desired distance and direct the proper way to turn.
2. The continuous miner operator is responsible for turning the crosscut in the direction shown.

**DEGREE ANGLE**

**Performed by:**

Section Foreman.

**Materials required to complete job:**

1. Chalk to mark roof.
2. Tape measure.
3. Rope.

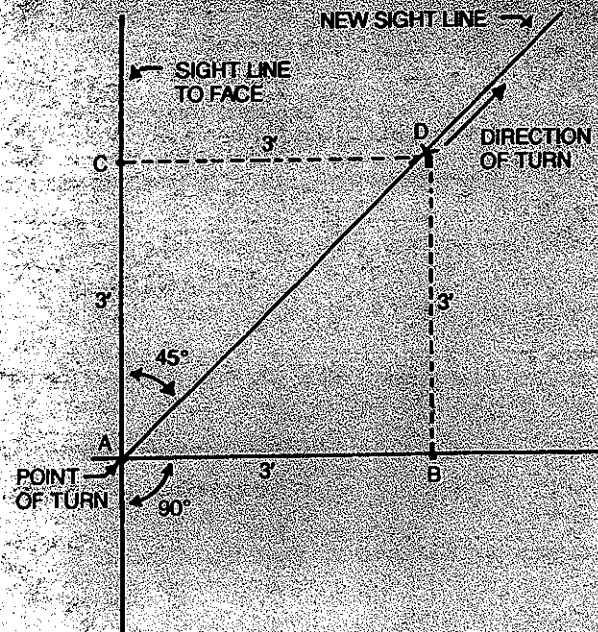
**Responsibility:**

Section foreman is responsible for measuring and showing the initial direction of all crosscuts at the face.

**Instructions to complete job:**

1. Mark up center line to the face.
2. Establish the "point of turn" (center of crosscut) point "A", by measuring the proper distance from the last permanent spad.
3. Follow the directions for turning a 90 degree angle and mark line on roof.
4. Measure 3 feet along 90 degree line and mark point "B".
5. Measure 3 feet in by point of turn and mark point "C".
6. Strike a 3 ft. arc from point "B" and point "C" in the general direction of the turn, until they intersect forming point "D".
7. Connect a line from point "A" to point "D".

# EXAMPLE: Turning a 45 Degree Angle



## Planning:

1. The section foreman shall determine according to the mining cycle when to turn a crosscut. He shall then measure the desired distance and direct the proper way to turn.
2. The continuous miner operator is responsible for turning the crosscut in the direction shown.

## FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did the Employee Do or Fail to Do? \_\_\_\_\_

\_\_\_\_\_

Why did the Employee Do What They Did? \_\_\_\_\_

\_\_\_\_\_

Did Some Other Person Contribute to the Accident? \_\_\_\_\_

\_\_\_\_\_

What Conditions of the Employee's Environment Contributed to the Accident? \_\_\_\_\_

\_\_\_\_\_

Was the Employee Instructed in This Procedure? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take to Prevent Recurrence? \_\_\_\_\_

\_\_\_\_\_

Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_

List names of Witnesses \_\_\_\_\_

\_\_\_\_\_



12-1-09 Tue

✓ F.B. Books

Took 6 Sleep in

✓ 19-0 EM 11D's, 14  
punched five ext,

Took Hawley to Punch 2nd

Took 200' of hose to 1 South  
road & connected

~~to~~ worked on discharge

Line of pump until about 8

Gary called had to go

outside to get pallet of

dust & take to 3 section

George helped me

Then took sand jacks to

4 sec 11-12 Box that then

### FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did the Employee Do or Fail to Do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did the Employee Do What They Did? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did Some Other Person Contribute to the Accident? \_\_\_\_\_

\_\_\_\_\_

What Conditions of the Employee's Environment Contributed

to the Accident? \_\_\_\_\_

\_\_\_\_\_

Was the Employee Instructed in This Procedure? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take

to Prevent Recurrence? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Coming back to 5 sec. met  
state insp. They showed  
me wide places 18-22 ft  
needs 5'-5' sand goals but  
not them

Trimmed splice in 1 South  
needs made tonight 1' x 3'  
on off side

C & D around 3 sec. 4th  
filled 1 sec. dust  
at 1 South Flow thru  
cleaned at 4 sec. thru

110  
Got pump going on 4 sec  
while there lot of water  
at 3 sec

Checked splice 18, 20,  
4<sup>th</sup>, 2, 3

#### FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened?  
\_\_\_\_\_  
\_\_\_\_\_

What did the Employee Do or Fail to Do?  
\_\_\_\_\_  
\_\_\_\_\_

Why did the Employee Do What They Did?  
\_\_\_\_\_  
\_\_\_\_\_

Did Some Other Person Contribute to the Accident?  
\_\_\_\_\_  
\_\_\_\_\_

What Conditions of the Employee's Environment Contributed  
to the Accident?  
\_\_\_\_\_  
\_\_\_\_\_

Was the Employee Instructed in This Procedure?  
Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take  
to Prevent Recurrence?  
\_\_\_\_\_  
\_\_\_\_\_

Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_

Last Accident to this Individual \_\_\_\_\_ Date \_\_\_\_\_

Chained off P Bac at #3 head  
~~Chained off~~  
#3 neck = 10-7' equal  
Jacks in P Bac - tank

### FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened?

\_\_\_\_\_

\_\_\_\_\_

What did the Employee Do or Fail to Do?

\_\_\_\_\_

\_\_\_\_\_

Why did the Employee Do What They Did?

\_\_\_\_\_

\_\_\_\_\_

Did Some Other Person Contribute to the Accident?

\_\_\_\_\_

What Conditions of the Employee's Environment Contributed to the Accident?

\_\_\_\_\_

\_\_\_\_\_

Was the Employee Instructed in This Procedure?

Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take to Prevent Recurrence?

\_\_\_\_\_

Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_

12-2-09 Wed  
✓ Back, took 6 Seals in  
Park Garage to 1 Southland  
✓ #19, 2 EM 110'S

#5 Seal 7:02 AM IN Gasig OK  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#10 Seal 7:18 AM IN Gasig OK  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#13 Seal 7:32 AM IN Gasig OK  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

#21 Seal 7:48 AM IN Gasig OK  
.05% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

Get 110 pump pumping taking  
3 for on 4

Cleaned 4 #1 latraps

Showered 16-17 offsite IN  
checked splice 4 #1, 11N

### FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened? \_\_\_\_\_

What did the Employee Do or Fail to Do? \_\_\_\_\_

Why did the Employee do What They Did? \_\_\_\_\_

Did Some Other Person Contribute to the Accident? \_\_\_\_\_

What Conditions of the Employee's Environment Contributed to the Accident? \_\_\_\_\_

Was the Employee Instructed in This Procedure? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take to Prevent Recurrence? \_\_\_\_\_

Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_

Changed out 1 washed filter  
at E.M.

Cleaned on 3 sec #1 heat tank

Cleaned out " " " Rockleg

Filled 4 10m dust 1 5 gallon th

Need dust 1 North tank

Need dusts fixed 15 tank  
15 spheres need one made

Power of fan off 1:31

#### FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did the Employee Do or Fail to Do?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did the Employee Do What They Did?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did Some Other Person Contribute to the Accident?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Conditions of the Employee's Environment Contributed  
to the Accident?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Employee Instructed in This Procedure?

Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take  
to Prevent Recurrence?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_

12-5-09 Thurs  
Task 2 in  
Chadwell 19  
went to Chadwell on 15  
spice crew  
worked 18 Bld pump  
lines, knocking out  
6 Bld pump  
then 19 Bld pump  
put in check valves  
etc until 4 B time

4-5 sign  
20-21

25-26 last stop  
Cleared at pickup at 34 (1  
Vandusen 15 P.T.

### FOREMAN'S ACCIDENT REPORT

Name	_____	Accident Time	_____ (a.m.) (p.m.)
Accident Date	_____	Injured Body Part	_____
Occupation	_____		
Occupation Experience	_____		
Exact Location of Accident	_____		
What Happened?	_____		
What did the Employee Do or Fail to Do?	_____		
Why did the Employee Do What They Did?	_____		
Did Some Other Person Contribute to the Accident?	_____		
What Conditions of the Employee's Environment Contributed to the Accident?	_____		
Was the Employee Instructed in This Procedure?	Yes _____ No _____		
When Was Their Last Safety Contact on This Job?	_____		
What Action Have You Taken and/or Do You Plan to Take to Prevent Recurrence?	_____		
Last Accident to This Individual	_____	Date	_____
List names of Witnesses	_____		



#1 South  
 Broke cradle 9 Bk  
 Bad Top side roller  
 Next piece of structure  
 in by it  
 Dropped B R 35  
 Needs Hanger  
26-Tail D

#1 W/over Fan not on  
 Needs spot D

4X/ needs D spot C  
 water wheel latamp  
 can needs C  
 #2 Needs D add C tail  
 14 & 15 need Jack  
 #3 Needs C when tail  
 was Needs add D  
 Br Koubly needs sand

**FOREMAN'S ACCIDENT REPORT**

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)  
 Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Occupation Experience \_\_\_\_\_  
 Exact Location of Accident \_\_\_\_\_  
 What Happened?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What did the Employee Do or Fail to Do?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Why did the Employee Do What They Did?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Did Some Other Person Contribute to the Accident?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What Conditions of the Employee's Environment Contributed  
 to the Accident?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Was the Employee Instructed in This Procedure?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 When Was Their Last Safety Contact on This Job? \_\_\_\_\_  
 What Action Have You Taken and/or Do You Plan to Take  
 to Prevent Recurrence?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_  
 List names of Witnesses \_\_\_\_\_



124-D9 FRI

✓ 19 3x10,

Changed 4 wash filters EM

Trimmed 3 splices 1 South

TL 1 splice in 3x1

Made 2 splice marks

unwound old works &

hang curtains in Room

~~to~~ pulled belt over at

16 on 3x1 with comalange

Set 5 small jacks K&Buk

in hall & got 5 ready for turn

Checked 18, 8, 14 pumps

filled 30, 1 South & 1 South Floor

#### FOREMAN'S ACCIDENT REPORT

Name \_\_\_\_\_ Accident Time \_\_\_\_\_ (a.m.) (p.m.)

Accident Date \_\_\_\_\_ Injured Body Part \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation Experience \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

What Happened? \_\_\_\_\_

What did the Employee Do or Fail to Do? \_\_\_\_\_

Why did the Employee Do What They Did? \_\_\_\_\_

Did Some Other Person Contribute to the Accident? \_\_\_\_\_

What Conditions of the Employee's Environment Contributed to the Accident? \_\_\_\_\_

Was the Employee Instructed in This Procedure? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

When Was Their Last Safety Contact on This Job? \_\_\_\_\_

What Action Have You Taken and/or Do You Plan to Take to Prevent Recurrence? \_\_\_\_\_

Last Accident to This Individual \_\_\_\_\_ Date \_\_\_\_\_

Last Names of Witnesses \_\_\_\_\_

took sample out 43 on / South  
should come on / Utah  
checked spaces 15, 1 North  
etc  
took out top at 43

15 & 1 N same

**UNWARRANTABLE  
FAILURE PROCEDURES**

- Do not destroy or alter scene.
- Notify mine foreman.
- Begin investigation.
  - How long did the violation exist?
  - Is the violation repetitious?
  - Is the violation deliberate?
  - Did Sidney Coal know it's actions violated the law?
  - Is the violation in an area routinely preshifted or inspected?
  - Was there a failure to report the condition?
  - Did the violation violate company training or policy?
  - Do any records indicate the violation was cured before the inspection, but reoccurred?
  - Do the facts support a conclusion of aggravated conduct?
  - Take all measurements necessary to clarify conditions.
    - \* Entry widths
    - \* Curtain locations
    - \* Air readings
  - Complete Violation Gravity Sheet.

## **REGULATORY INSPECTORS**

- Obeying the law is the first and best defense.
- Engage the inspector in a reasoned, professional discussion of the facts.
- Inquire about the purpose of the inspection.
- Accompany the inspector at all times if possible.
- Take notes of situations commented on by inspector.
- Insist on findings (S&S, unwarrantable) be made while observing condition.
- Discuss reasons, basis and hazards caused by any violation noted.
- Arrange for abatement ASAP.
- Follow unwarrantable procedures (if issued).
- Discuss abatement time extension if necessary.

## **VIOLATION GRAVITY SHEET**

- Mine: \_\_\_\_\_ • Unit/Location \_\_\_\_\_
- Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_
- General Description of Violation: \_\_\_\_\_

- Was this violation preventable? Yes/No?
- Did/should management have known about this situation? Yes/No?  
How? \_\_\_\_\_
- Was the gravity less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken?  
(Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_

- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information. \_\_\_\_\_

- Signature \_\_\_\_\_

A violation gravity sheet must be completed for each citation by the responsible supervisor.

12-7-09 Mon

✓ Broke & took #6 Jarp in

Talked to Virgil, Gary, & Howard on  
4 #3 built no midpt dust sprays

Dray & I set 3 sandbags on  
18 Brk H.4

✓ 1 mmack saw belt running  
reported to Rick N 3 and Dave  
not working in take 3

✓ d EM 1102

#5 Seal tubing almost broke into  
6:40 AM in casing ok of 24m  
O%CH4 0%CO 20.8%O2

#10 Seal 6:56 AM in casing  
Banded back of Cate valve lower  
O%CH4 0%CO 20.8%O2

#13 Seal 7:19 AM in casing ok  
O%CH4 0%CO 20.8%O2

#21 Seal 7:35 AM in casing ok  
O%CH4 0%CO 20.8%O2

### VIOLATION GRAVITY SHEET

- Mine: \_\_\_\_\_ • Unit/Location: \_\_\_\_\_
- Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_
- General Description of Violation: \_\_\_\_\_

• Was this violation preventable? Yes/No? \_\_\_\_\_  
• Did/should management have known about this situation? Yes/No? \_\_\_\_\_  
How? \_\_\_\_\_

• Was the gravity less than that actually cited? Yes/No? Why? \_\_\_\_\_

• Was the seriousness less than that actually cited? Yes/No? Why? \_\_\_\_\_

• Were actual measurements/samples taken? (Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_

• Other mitigating circumstances? (If pertinent) \_\_\_\_\_

1. Air quantity?
2. Rockdusting?
3. Methane?
4. Roadways damp/dusty?
5. Bolt spacing?
6. Roof condition?

• Persons to contact for additional information: \_\_\_\_\_

• Signature: \_\_\_\_\_

A violation gravity sheet must be completed

Leptices 10  
check station taking fallen  
in both were made checked

set a sand jack at  
EM by Penn Bap

Greased hookup 1 South

put oil in " " "

changed & washed filter  
EM air

test droopy down 3  
locked out D-Box 18 Bk  
on 3

cleaned on 3 sec #1 hookup

### VIOLATION GRAVITY SHEET

- Mine: \_\_\_\_\_ • Unit/Location \_\_\_\_\_
- Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_
- General Description of Violation: \_\_\_\_\_

- Was this violation preventable? Yes/No?
- Did/should management have known about this situation? Yes/No?  
How? \_\_\_\_\_

- Was the gravity less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited?  
Yes/No? Why? \_\_\_\_\_

- Were actual measurements/samples taken?  
(Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_

- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_

- Persons to contact for additional information. \_\_\_\_\_

- Signature \_\_\_\_\_

A violation gravity sheet must be completed

Build 26-tail spot

1 North Spot Dusted  
of tail rock C

Cleaned on tail cone

4 sec #2 Cleaned on tail  
Need dust 10 Tail

#### VIOLATION GRAVITY SHEET

- Mine \_\_\_\_\_ • Unit/Location \_\_\_\_\_
- Violation # \_\_\_\_\_ • Date of Violation \_\_\_\_\_
- General Description of Violation \_\_\_\_\_
- Was this violation preventable? Yes/No? \_\_\_\_\_
- Did/should management have known about this situation? Yes/No? \_\_\_\_\_
- How? \_\_\_\_\_
- Was the gravity less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken? (Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_
- Other mitigating circumstances? (if pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rock dusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information \_\_\_\_\_
- Signature \_\_\_\_\_

A violation gravity sheet must be completed



12-8-89 Tues  
 Checked EM 110's, #19  
 Reported to Gary about  
 Double Down pit at 19  
 went to 1 South tank & got Dolly  
 (b) (7)(C) with me  
 Took (b) (7)(C) to EM Pined  
 put leg in at 8 but 1 South  
 cleaned on takeup 3#1  
 shoveled 1-2 inch  
 V 14.8 pumps, 12  
 moved pump from #6 loc  
 to 16 but set  
 took discharge line &  
 cable to 20. All it need  
 is entire into starter box

• Mine: \_\_\_\_\_ • Unit/Location: \_\_\_\_\_  
 • Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_  
 • General Description of Violation: \_\_\_\_\_

- Was this violation preventable? Yes/No?
- Did/should management have known about this situation? Yes/No?  
How? \_\_\_\_\_
- Was the gravity less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken? (Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_
- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information. \_\_\_\_\_
- Signature \_\_\_\_\_

A violation gravity sheet must be completed for each citation by the responsible supervisor



Rock dust to Rock dust  
crew 10:10 10:45 AM

Postmate, date head  
set at 16 bit pump

Test (b) (7)(C) down on  
3 sec.

Checked some more on 3 head

Checked sections 15, 16

1 South. dusting in Pry at Head  
2-3 Bit Cradle

\* Tell Pete Dolly & my boy  
for 15 Tol

D Bag at 18, main pump  
16, & 18-19 on 3

4 sec old work }

Dropped BR 32-33  
Best

### VIOLATION GRAVITY SHEET

- Mine: \_\_\_\_\_ • Unit/Location: \_\_\_\_\_
- Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_
- General Description of Violation: \_\_\_\_\_
- Was this violation preventable? Yes/No? \_\_\_\_\_
- Did/should management have known about this situation? Yes/No? \_\_\_\_\_
- How? \_\_\_\_\_
- Was the gravity less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken? (Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_
- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information: \_\_\_\_\_
- Signature: \_\_\_\_\_

A violation-gravity sheet must be completed for each violation.

North Station taking full  
 speed D level 18  
 4 sec # 1 Brake chain  
 2 Brks out by hand  
 # 2 N/A  
 # 3 Rock on cables  
 1 Brk out by hand  
 3 Brks out by hand  
 water behind taking  
 # 3 Brk  
 # 3 Remains  
 3 belt some spot C

• Mine: \_\_\_\_\_ • Unit/Location \_\_\_\_\_  
 • Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_  
 • General Description of Violation: \_\_\_\_\_

- Was this violation preventable? Yes/No?
- Did/should management have known about this situation? Yes/No?  
How? \_\_\_\_\_
- Was the gravity less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken?  
(Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not? \_\_\_\_\_

- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information \_\_\_\_\_

• Signature \_\_\_\_\_

A violation gravity sheet must be completed for each citation by the responsible supervisor and given to the mine inspector.

12-9-09 Wed  
 VFB mine  
 Took 1 pump in  
 V29 KM 110 Pump  
 Got Dolly + back to 15 Tail  
 checked discharge line  
 on 4 sec Old worker  
 walked back to 1N haul  
 to get stuff to 1D plyate

✓ #21 seal 7:00 AM 1N Gasky  
 OK 0%CH<sub>4</sub> 0%CO 20.8%O<sub>2</sub>

checked out pump & discharge  
 line on 4 sec, had to  
 splice discharge at 24 bk  
 look due wty & pump  
 hung & started while  
 put 1D5, gravel stop  
 etc until 7:00 AM

**VIOLATION GRAVITY SHEET**

• Mine: 00000-0000 • Unit/Location: 11  
 • Violation #: 881 • Date of Violation: 12-9-09  
 • General Description of Violation: 881 K22

• Was this violation preventable? Yes/No? Yes  
 • Did/should management have known about this situation? Yes/No? Yes  
 How? 881 K22  
 • Was the gravity less than that actually cited? Yes/No? Why?  
 • Was the seriousness less than that actually cited? Yes/No? Why?  
 • Were actual measurements/samples taken? Yes  
 (Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not?  
 • Other mitigating circumstances? (If pertinent)  
 1. Air quantity? 31  
 2. Rockdusting? 31  
 3. Methane? 31  
 4. Roadways damp/dusty? 31  
 5. Bolt spacing? 31  
 6. Roof condition? 31  
 Persons to contact for additional information: 31  
 Signature: 31  
 Violation gravity sheet must be completed

Should have 1 South side  
(b) (7) went to  
5 M. unbroken & changed filler  
Dish out top side roller  
& bottom at 24 in 1 South

took (b) (7) down on 3  
(C)

I checked 14, 8, 16, 18  
pumps on 3

checked sphere 45, 10

Should not 15 flow thru

15 Broke Cradle 2-3 Brk  
Top Side

Bottom need put there

20 R 32

Blocking 35 wall side

dusted -35 10 spot D  
head 14

### VIOLATION GRAVITY SHEET

- Mine: \_\_\_\_\_ • Unit/Location: \_\_\_\_\_
- Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_
- General Description of Violation: \_\_\_\_\_
- Was this violation preventable? Yes/No?
- Did/should management have known about this situation? Yes/No?  
How? \_\_\_\_\_
- Was the gravity less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited?  
Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken?  
(Examples: widths, bolt spacing, rock dusting) Yes/No. If no, why not?
- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information. \_\_\_\_\_

• Signature \_\_\_\_\_

A violation gravity sheet must be completed

12-10-09 Thursday  
 ✓ Bank Loaded End of mine  
 the 5:15 PM  
 Took 6 Trip in  
 11 copy & 1 set 3' hole  
 Sand just off side 15 12-13 ft  
 Changed & washed EM Filters  
 pretty stopping R1 Return 458

A= 51	39 R	2
7	+25 C	147
147	114	114
		598
		147
		147
		16758

pretty R2 201

A 20	95 R	180
15	+25 C	120
150	120	3600
		180
		21600

# **VIOLATION GRAVITY SHEET**

- Mine: 12280 • Unit/Location: \_\_\_\_\_
- Violation #: \_\_\_\_\_ • Date of Violation: \_\_\_\_\_
- General Description of Violation: \_\_\_\_\_
- Was this violation preventable? Yes/No? \_\_\_\_\_
- Did/should management have known about this situation? Yes/No? \_\_\_\_\_  
 How? \_\_\_\_\_
- Was the gravity less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Was the seriousness less than that actually cited? Yes/No? Why? \_\_\_\_\_
- Were actual measurements/samples taken? (Examples: widths, bolt spacing, rock dusting) Yes/No If no, why not? \_\_\_\_\_
- Other mitigating circumstances? (If pertinent)
  1. Air quantity? \_\_\_\_\_
  2. Rockdusting? \_\_\_\_\_
  3. Methane? \_\_\_\_\_
  4. Roadways damp/dusty? \_\_\_\_\_
  5. Bolt spacing? \_\_\_\_\_
  6. Roof condition? \_\_\_\_\_
- Persons to contact for additional information: \_\_\_\_\_

• Signature \_\_\_\_\_

A violation gravity sheet must be completed

water on left side  
 several forks over boots  
 traveled to both ends  
 Several stoppings made Ruzed  
 10-12

Bottom end Rt side Some  
 Ribs Rolled

Constant 0 0 208

Before 0 cast, Rt. Side

20	138 R	138 R
<u>6</u>	<u>120 C</u>	<u>+25 C</u>
120 = A	63	163 = V

320

163

120

3260

163

19560

COMBUSTIBLE MATERIAL

1. No smoking articles shall be used or taken underground.
  2. Float dust, loose coal and combustible materials shall be kept cleaned up and not permitted to accumulate in active workings or on electrical equipment.
  3. Keep a daily program going for cleaning up all loose coal float dust and combustible materials.
  4. Check and keep all water sprays operating properly to counteract float dust.
  5. Keep rock dust hoppers full on auxiliary fans to counteract float dust while mining coal.
  6. Rock dust and dampen tramways to keep float dust from accumulating.
  7. No combustible material should be stored on mining equipment.
  8. Clean off combustible material on equipment daily.
- All combustible materials must be loaded up and taken out of mine. (Empty bags from rock dust, cement, lunch paper, and broken resin tubes.)



Checked 14, 15, 16, 18 pumps  
16 inch starter bag

Changed filter again

Checked splines 15, 1N,  
4 etc # 1, # 2

# 1 taking add clean

# 2 taking next 3 brk only  
spot C

# 3 Brk outly needs 2 5-7  
sand to them 2 brk outly  
2 - 7'-9' sand just  
spot C

### INSTRUCTIONS FOR COMPLETING CERTIFICATE OF TRAINING 5000-23

NOTE: Failure to conduct and record training when needed  
can result in an order to withdraw under 104(g)(1)  
and the responsible person can be personally sued.  
Task Training Job Code -- Enter appropriate code from following  
pages:

- Box 1. Print the full name and check number of the person  
receiving training - do not use nicknames.
- Box 2. Check (✓) the type of training received - one only.
- Box 3. Line A - check (✓) the type of operation where the  
person works.  
Line B - check (✓) "coal"
- Box 4. Insert date training completed.
- Box 5. Check (✓) subjects completed.
- Box 6. All persons who did the training of this employee in  
this class must sign. If the signature is not legible,  
the name must be printed below the signature.
- Box 7. Print mine name, federal mine number, and where  
training was conducted.
- Box 8. Insert the date the employee signs the certificate and  
have employee sign the certificate. If the employee  
refuses to sign the certificate, insert "Employee  
refused to sign" and your initials.

Give the employee the pink copy immediately upon completion of  
the training.  
Continue using and entering codes for task training on the time  
sheets as before.  
Unless otherwise instructed, turn yellow copy of 5000-23 in with  
time sheet.  
Additional forms may be acquired at the Safety Department.



12-11-89 FRI

1 PB Books

took 6 Jap in

took (b) (7)(C) + 3

sect. well to shovel

(b) (7)(C)

in Scale

Cleaned off Phases mouth of 3

Checked splines 3 sec

2 X 15 38 splines 6 diff  
ones have 1 clip gone not at

sprayed out scrapes I should  
then on 3rd called Gary but  
Got Everett the head then

Gave store up on 3rd track  
5' x 10'

U.S. Department of Labor Mine Safety and Health Administration		
Underground Section Workers (Face)		
Auger (Jack Setter) (Return Side)	055	Rock Duster 006
Auger (Jack Setter) (Intake Side)	010	Rockman 045
Auger (Timberman) (Intake Side)	018	Roof Bolter (Twin Head) Intake Side 012
Auger (Timberman) (Return Side)	017	Roof Bolter (Twin Head) (Return Side) 014
Auger Helper	071	Roof Bolter (Single Head) 046
Auger Operator	070	Roof Bolter Helper (Single Head) 047
Belt Man/Conveyor Man	001	Roof Bolter Mounted (Return Side) 048
Blaster/Shooter/Shotfirer	007	Roof Bolter Mounted (Intake Side) 019
Brattice Man	032	Scoop Car Operator 054
Cleanup Man	013	Section Foreman 049
Coal Drill Helper	033	Longwall Operator (Tailgate Side) 044
Coal Drill Operator	034	Longwall Operator (Headgate Side) 064
Continuous Miner Helper	035	Shotfirer Helper 031
Continuous Miner Operator	036	Shuttle Car Operator (Standard Side) 050
Cutting Machine Helper	037	Shuttle Car Operator (Off Standard Side) 073
Cutting Machine Operator	038	Stall Driver 051
Electrician	002	Stopping Builder/Ventilation Man/Mason 008
Electrician Helper	003	Supply Man 009
Fan Attendant	015	Tailgate Operator 052
Hand Loaders	039	Tractor Operator/Moldman 074
Headgate Operator	040	Utility Man 053
Jack Setter (Longwall)	041	Wireman 011
Laborer	016	
Loading Machine Helper	042	
Loading Machine Operator	043	
Mechanic	004	
Mechanic Helper	005	
Mobile Bridge Operator	072	
General Underground (Non-Face)		
Belt Cleaner	154	Pumper 157
Belt Man/Conveyor Man	101	Rock Driller 156
Belt Vulcanizer	112	Rock Duster 106
Bulldozer Foreman/Labor Foreman	149	Rock Machine Operator 158
Chainman	155	Rodman 117
Cleanup Man	113	Roof Bolter 146
Coal Dump Operator	122	Shopman 160
Coal Sampler	122	Stopping Builder/Ventilation Man/Mason 108
Electrician	114	Supply Man 109
Electrician Helper	102	Timber Man 110
Fan Attendant	103	Transit Man 123
Laborer	115	Water Line Man 159
Mechanic	116	Welder 119
Mechanic Helper	104	Wireman 111
Over/Greaser	105	
Over/Greaser	118	
Underground Transportation (Non-Face)		
Battery Station Operator	281	Hostman 221
Belt Man/Conveyor Man	201	Loader Head/Roscoe Operator 240
Brackman/Ropender	262	Moldman 209
Buggy Pusher	201	

371	321
370	381
324	316
372	385
341	348
312	308
342	304
307	305
340	369
362	318
368	327
320	386
373	375
344	356
343	317
394	387
355	349
331	388
374	351
313	310
333	360
334	350
314	390
367	352
322	391
376	309
301	354
378	392
345	323
325	328
365	329
379	357
302	396
303	358
315	395
380	366
326	393
347	319
398	306
382	311
383	397
384	
Supervisory and Staff	
Assistant Mine Foreman/Assistant	Master Mechanic 404
Mine Manager 430	Mine Foreman/Mine Manager 449
Clerk/Timekeeper 497	Outside Foreman 489
Dust Sampler 414	Preparation Plant Foreman 494
Engineer (Electricity/Ventilation/Mining) 456	Safety Director 495
Fire Boss/Pre-Shift Examiner 462	Superintendent 481
Inspector 464	Surveyor 423
Maintenance Foreman 418	Timekeeper 497
Master Electrician 402	Union Representative 496
MSHA - State	
Education Specialist 590	Safety Representative 593
Mine Safety Instructor 592	Training Specialist 594
591	

Approved OMB Number 1219-0009, Expires December 31, 2010. Mine Safety and Health Administration

This certificate is required under Public Law 91-173 as amended by Public Law 95-164, and 110, Public Law 91-173 as amended by Public Law 95-164.

Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

☐ Annual ☐ Experienced Miner ☐ Hazard Training

☐ Refresher ☐ Newly Employed, Inexperienced Miner ☐ Other (specify)

☐ New Task (specify below)

Date	Task	Initials	Date	Task	Initials
		Instr	Stud		Instr

3. Check Type of Operation and Related Industry:

A. ☐ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope

B. ☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed

➔ If completed, go to item 6, below. ☐ Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

☐ Introduction to Work Environment ☐ Root/Ground Control & Ventilation ☐ Health

☐ Hazard Recognition ☐ Mine Map; Escapeways; Emergency Evacuation; Barricading ☐ Electrical Hazards

☐ Emergency Medical Procedures ☐ Cleanup; Rock Dusting ☐ First Aid

☐ H&S Aspects of Tasks Assigned ☐ Mandatory Health & Safety Standards ☐ Mine Gases

☐ Statutory Rights of Miners ☐ Authority & Responsibility of Supervisors & Miners' Representatives ☐ Explosives

☐ Self-Rescue & Respiratory Devices ☐ Prevention of Accidents

☐ Transport & Communication Systems ☐ Other (specify)

6. I certify that the above training has been completed (signature of person responsible for training)

7. I certify that I have completed the above training (signature of person trained)

8. Mine Name, ID, & Location of Training (if institution, give name & address)

9. Form 5000-23, Jan. 99 (revised)

(b) (7)(C)

Toys on Scrap

Shovel 1-2 Beland

timmed 35' flapper  
on 35'

timmed option on Kault  
checked 30 bit pump

checked option 1 South

1 South Blocky out 35  
Bit wall side

14 19 - Tol Both Sides

2-19 needs C

Approved OMB Number 1219-0009, Expires December 31, 2018.  
This certificate is required under Public Law 91-173 as amended by Public Law 95-164.  
Failure to comply may result in penalties and other sanctions as provided by sections 100  
and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately  
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

<input type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input type="checkbox"/> New Task (specify below)	<input type="checkbox"/> Newly Employed Inexperienced Miner	<input type="checkbox"/> Other (specify)

Date	Task	Initials	Date	Task	Initials

3. Check Type of Operation and Related Industry:

<input type="checkbox"/> Surface	<input type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Slope
<input type="checkbox"/> Coal	<input type="checkbox"/> Metal	<input type="checkbox"/> Nonmetal	

4. Date Training Requirements Completed: ☐ Check if not completed and go to item 5, below.

➔ If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training):

<input type="checkbox"/> Introduction to Work Environment	<input type="checkbox"/> Root/Ground Control & Ventilation	<input type="checkbox"/> Health
<input type="checkbox"/> Hazard Recognition	<input type="checkbox"/> Mine Map, Escapeways, Emergency Evacuation, Barricading	<input type="checkbox"/> Electrical Hazard
<input type="checkbox"/> Emergency Medical Procedures	<input type="checkbox"/> Cleanup, Rock Dusting	<input type="checkbox"/> Fire Aid
<input type="checkbox"/> H&S Aspects of Tasks Assigned	<input type="checkbox"/> Mandatory Health & Safety Standards	<input type="checkbox"/> Mine Gases
<input type="checkbox"/> Statutory Rights of Miners	<input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives	<input type="checkbox"/> Explosives
<input type="checkbox"/> Self-Rescue & Respiratory Devices		<input type="checkbox"/> Prevention of
<input type="checkbox"/> Transport & Communication Systems		<input type="checkbox"/> Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

7. Mine Name, No., & Location of Training (Institution, give name & address)

8. Date

9. I certify that I have completed the ab (signature of person trained)

MSHA Form 5000-101 Jan. 99 (revised)

(b) (7)(C)

ON 3 Bel

(b) (7)

on head

(b) (7)

on Scale

I changed 4 manual f. Hesse EM  
went to help (b) (7) with  
Rock at head

went to 4 sec on water

(b) (7)(C)

I went to 4 sec

pumped the 3 holes, set  
pump line, etc

Put in B R 10 Brk

Mine Safety and Health Administration  
Approved OMB Number 1219-0099; Expires December 31, 2010.  
This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 109 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

☐ Annual Refresher (specify below) ☐ Experienced Miner ☐ Hazard Training ☐ New Task ☐ Newly Employed, Inexperienced Miner ☐ Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr	Student		Instr
6-1-10					

3. Check Type of Operation and Related Industry:

A. ☒ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope  
B. ☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed

➔ If completed, go to item 6, below. ☐ Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

☐ Introduction to Work Environment ☐ Roof/Ground Control & Ventilation ☐ Health ☐ Hazard Recognition ☐ Mine Map/Escapeways, Emergency Evacuation, Barricading ☐ Electrical Hazards ☐ First Aid ☐ Emergency Medical Procedures ☐ Mine Gases ☐ Explosives ☐ U.S. Aspects of Tasks Assigned ☐ Cleanup, Rock Dusting ☐ Prevention of Accidents ☐ Statutory Rights of Miners ☐ Mandatory Health & Safety Standards ☐ Authority & Responsibility of Supervisors & Miners' Representatives ☐ Self-Rescue & Respiratory Devices ☐ Other (specify)

6. False certification is punishable under section 110 (a) and 119 of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed

7. Mine Name, ID, & Location of Training (if institution, give name & address)

8. Date

I verify that I have completed the above training

(signature of person trained)

MSHA Form 5000-23 Jan 99 (revised)

17 Tps

1 Top (M) 29 1/2

1 Top (M) 25 1/2

1 Top (M) 24

2 Tps (M) 23 1/2

1 Top (M) 22 1/2

1 Top (M) 21 1/2

1 Top (M) 20

1 Top (M) 19 1/2

1 Top (M) 18

1 stuck roller offside 17 1/2

1 RAIL & 2 Tps (M) 15 out

2 Tps (M) 13

1 Top (M) 12

1 Top (M) 11 1/2

1 Top (M) 7

Crossunder guard needs  
Replaced for track



12-14-89 Mon

✓ F.B. Books

Took 6 Scrapin

Task (b) (7) to 19

Task (b) (7)(C) to EM Lunch Out

Checked scrapin on 3 sec #1

Cleaned Floor thru 15 south

Cleaned out Rock Box 3 #1

adjusted scrapin 3 #1

C & D 3 sec #1

Made sure scrapin  
not too tight to turn up replace

Checked replace

Ran dustw 15 F.T.

Certificate of Training

U.S. Department of Labor  
Mine Safety and Health Administration

Approved OMB Number 1219-0009. Expires December 31, 2010.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately  
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

- ☐ Annual Refresher (specify below) ☐ Experienced Miner ☐ Hazard Training ☐ New Task ☐ Newly Employed, Inexperienced Miner ☐ Other (specify)

Date	Task	Initials First Last	Date	Task	Initials First Last

3. Check Type of Operation and Related Industry:

- A. ☐ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope  
B. ☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed

☐ Check if not completed and go to item 5, below.

➔ If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training):

- ☐ Introduction to Work Environment ☐ Roof/Ground Control & Ventilation ☐ Health ☐ Hazard Recognition ☐ Mine Map; Escapeways; Emergency Evacuation; Barricading ☐ Electrical Hazards ☐ First Aid ☐ Emergency Medical Procedures ☐ H&S Aspects of Tasks Assigned ☐ Cleanup; Rock Dusting ☐ Mine Gases ☐ Statutory Rights of Miners ☐ Mandatory Health & Safety Standards ☐ Explosives ☐ Self-Rescue & Respiratory Devices ☐ Authority & Responsibility of Supervisors & Miners' Representatives ☐ Prevention of Accidents ☐ Transport & Communication Systems ☐ Other (specify)

False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

Date: I verify that I have completed the above training (signature of person trained)

Charged to washed filter at  
K-11 K-11 V-11

spot  
25-32

Checked again 3 sec 15, 100

Top Side Locking - 1 Brk

BL Wagon bolt 8 bk off side

Top ~~Side~~ 20-21  
Center

Belt switch cable 20-21  
needs spliced or taped in  
spring bar 1 North needs  
moved to center belt

1 South 35-44 need  
1 North 4-17 needs spot

Certificate of Training

U.S. Department of Labor  
Mine Safety and Health Administration

Approved OMB Number 1218-0009. Expires December 31, 2010.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

☒ Annual Refresher ☐ Experienced Miner ☐ Hazard Training

☐ New Task (specify below) ☐ Newly Employed, Inexperienced Miner ☐ Other (specify)

Date Task Initials Date Task Initials

3. Check Type of Operation and Related Industry:

☒ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope

☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed

5. Check Subjects Completed (use only for partially completed training):

☒ Introduction to Work Environment ☐ Rock Ground Control ☐ Health & Safety

☒ Hazard Recognition ☐ Mine Map, Escapeways ☐ Electrical Hazards

☒ Emergency Medical Procedures ☐ Emergency Evacuation ☐ First Aid

☒ H&S Aspects of Task Assigned ☐ Barricading ☐ Mine Gases

☒ Statutory Rights of Miners ☐ Cleanup; Rock Dusting ☐ Explosives

☒ Self-Rescue & Respiratory Device ☐ Mandatory Health & Safety Standards ☐ Prevention of Accidents

☒ Transport & Communication Systems ☐ Authority & Responsibility of Supervisors & Miners ☐ Other (specify)

6. I certify that the above training has been completed.

7. Mine Name, ID, & Location of Training Institution (give name & address)

8. Date

9. I certify that I have completed the above training.

10. Signature of Person Trained

11. Signature of Supervisor

12. Signature of Representative

13. Signature of Representative

14. Signature of Representative

15. Signature of Representative

16. Signature of Representative

17. Signature of Representative

18. Signature of Representative

19. Signature of Representative

20. Signature of Representative

21. Signature of Representative

22. Signature of Representative

23. Signature of Representative

24. Signature of Representative

25. Signature of Representative

26. Signature of Representative

27. Signature of Representative

28. Signature of Representative

29. Signature of Representative

30. Signature of Representative

31. Signature of Representative

32. Signature of Representative

33. Signature of Representative

34. Signature of Representative

35. Signature of Representative

36. Signature of Representative

37. Signature of Representative

38. Signature of Representative

39. Signature of Representative

40. Signature of Representative

41. Signature of Representative

42. Signature of Representative

43. Signature of Representative

44. Signature of Representative

45. Signature of Representative

46. Signature of Representative

47. Signature of Representative

48. Signature of Representative

49. Signature of Representative

50. Signature of Representative

51. Signature of Representative

52. Signature of Representative

53. Signature of Representative

54. Signature of Representative

55. Signature of Representative

56. Signature of Representative

57. Signature of Representative

58. Signature of Representative

59. Signature of Representative

60. Signature of Representative

61. Signature of Representative

62. Signature of Representative

63. Signature of Representative

64. Signature of Representative

65. Signature of Representative

66. Signature of Representative

67. Signature of Representative

68. Signature of Representative

69. Signature of Representative

70. Signature of Representative

71. Signature of Representative

72. Signature of Representative

73. Signature of Representative

74. Signature of Representative

75. Signature of Representative

76. Signature of Representative

77. Signature of Representative

78. Signature of Representative

79. Signature of Representative

80. Signature of Representative

81. Signature of Representative

82. Signature of Representative

83. Signature of Representative

84. Signature of Representative

85. Signature of Representative

86. Signature of Representative

87. Signature of Representative

88. Signature of Representative

89. Signature of Representative

90. Signature of Representative

91. Signature of Representative

92. Signature of Representative

93. Signature of Representative

94. Signature of Representative

95. Signature of Representative

96. Signature of Representative

97. Signature of Representative

98. Signature of Representative

99. Signature of Representative

100. Signature of Representative



Checked section 1 South  
 Cleaned 15 5 low the  
 Checked scrapers 3 haul  
 Spilled 1 low dusted 3 haul  
 1 South spot D 35.38 7 haul area  
 tail cleaned 1 place  
 1 N spot D 4-16  
 4<sup>th</sup> 1 pickup near add C  
 (cleaned on tail)  
 2 pickup 1 near spot C  
 (washed out scrapers)  
 3 add D

Certificate of Training U.S. Department of Labor  
 Mine Safety and Health Administration

Approved OMB Number 1219-0009. Expires December 31, 2010.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately Upon Completion of Training Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

☐ Annual Refresher ☐ Experienced Miner ☐ Hazard Training  
☐ New Task (specify below) ☐ Newly Employed, Inexperienced Miner ☐ Other (specify)

Date	Task	Initials Instr. Student	Date	Task	Initials Instr. Student

3. Check Type of Operation and Related Industry:

A. ☐ Surface ☐ Construction ☐ Underground ☐ Shift & Slope  
 B. ☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed ☐ Check if not completed and go to item 5, below.

If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training):

<input type="checkbox"/> Introduction to Work Environment	<input type="checkbox"/> Roof/Ground Control & Ventilation	<input type="checkbox"/> Health
<input type="checkbox"/> Hazard Recognition	<input type="checkbox"/> Mine Map; Escapeways	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Emergency Medical Procedures	<input type="checkbox"/> Emergency Evacuation; Barricading	<input type="checkbox"/> First Aid
<input type="checkbox"/> H&S Aspects of Tasks Assigned	<input type="checkbox"/> Cleanup; Rock Dusting	<input type="checkbox"/> Mine Gases
<input type="checkbox"/> Statutory Rights of Miners	<input type="checkbox"/> Mandatory Health & Safety Standards	<input type="checkbox"/> Explosives
<input type="checkbox"/> Self-Rescue & Respiratory Devices	<input type="checkbox"/> Authority & Responsibility of Supervisors & Miners' Representatives	<input type="checkbox"/> Prevention of Accidents
<input type="checkbox"/> Transport & Communication Systems		<input type="checkbox"/> Other (specify)

6. False certification is punishable under section 110 (a) and (b) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164). I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

8. Date I verify that I have completed the above training (signature of person trained)

12-16-89 Wed  
✓ F.B. Books & Herb & Seip  
✓ 19 pump Gang with me  
Stopped E.M. 1 Southmost off  
went to Punch Out ground  
those busted badly etc  
it going 8:15

At same time no water so  
I checked 15 head & then E.M.  
filters (water off Pump)  
Changed & washed filters

(b) (7)(C) shoveling on 3

Checked E.M. 110's

**Certificate of Training** U.S. Department of Labor  
Mine Safety and Health Administration  
Approved OMB Number 1219-0009 Expires December 31, 2010  
This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 106 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ **Issue Certificate Immediately** Upon Completion of Training Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

<input checked="" type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input type="checkbox"/> New Task (specify below)	<input type="checkbox"/> Newly Employed, Inexperienced Miner	<input type="checkbox"/> Other (specify)

Date	Task	Initials	Date	Task	Initials
		init	sign		init

3. Check Type of Operation and Related Industry:

A. <input checked="" type="checkbox"/> Surface	<input type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Slope
B. <input type="checkbox"/> Coal	<input type="checkbox"/> Metal	<input type="checkbox"/> Nonmetal	

4. Date Training Requirements Completed ☐ Check if not completed and go to item 5, below

➔ If completed, go to item 5, below

5. Check Subjects Completed (use only for partially completed training):

<input type="checkbox"/> Introduction to Work Environment	<input type="checkbox"/> Roof/Ground Control & Ventilation	<input type="checkbox"/> Health
<input type="checkbox"/> Hazard Recognition	<input type="checkbox"/> Mine Map, Escape Route, Emergency Evacuation, Barricading	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Emergency Medical Procedures	<input type="checkbox"/> Cleanup, Rock Dusting	<input type="checkbox"/> First Aid
<input type="checkbox"/> H&S Aspects of Tasks Assigned	<input type="checkbox"/> Mandatory Health & Safety Standards	<input type="checkbox"/> Mine Gases
<input type="checkbox"/> Statutory Rights of Miners	<input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives	<input type="checkbox"/> Explosives
<input type="checkbox"/> Self-Rescue & Respiratory Devices		<input type="checkbox"/> Prevention of Accidents
<input type="checkbox"/> Transport & Communication Systems		<input type="checkbox"/> Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P.L. 91-173 as amended by P.L. 95-164). I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

10. Date I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-231 Jan. 99 (revised)

Checked Seal

#5 8:43 Am IN Gas in OK  
 0%CH<sub>4</sub> 0%CO 20.8%O<sub>2</sub>

#10 9:03 Am IN Gas in OK  
 0%CH<sub>4</sub> 0%CO 20.8%O<sub>2</sub>

#13 ~~9:16 Am~~ 9:16 Am IN Gas in OK  
 0%CH<sub>4</sub> 0%CO 20.8%O<sub>2</sub>

shoveled 2-4, spot shoveled  
 4-6 on 3 belt

ran dustw / South F. T.

Checked (spelled) 3 sec #1  
 Cleared on 3 taking

15 of 1 N same  
 Checked old injector pump

Approved OMB Number 3219-0009, Expires December 31, 2010.  
 This certificate is required under Public Law 91-173 as amended by Public Law 95-164.  
 Failure to comply may result in penalties and other sanctions as provided by sections 108  
 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check type of approved training received:

☐ Annual ☐ Experienced Miner ☐ Hazard Training  
☐ Refresher ☐ Newly Employed, Inexperienced Miner ☐ Other (specify)

☐ New Task (specify below)

Date	Task	Initials Trainer	Initials Student	Date	Task	Initials Trainer	Initials Student

3. Check Type of Operation and Related Industry:

A. ☐ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope  
 B. ☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed

5. Check Subjects Completed (use only for partially completed training):

☐ Introduction to Work Environment ☐ Roof/Ground Control & Ventilation ☐ Health  
☐ Hazard Recognition ☐ Mine Map, Escapeways, Emergency Evacuation, Barricading ☐ Electrical Hazards  
☐ Emergency Medical Procedures ☐ Cleanup, Rock Dusting ☐ First Aid  
☐ H&S Aspects of Tasks Assigned ☐ Mandatory Health & Safety Standards ☐ Mine Gases  
☐ Statutory Rights of Miners ☐ Authority & Responsibility of Supervisors & Miners' Representatives ☐ Explosives  
☐ Self-Rescue & Respiratory Devices ☐ Prevention of Accidents  
☐ Transport & Communication Systems ☐ Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P.L. 91-173 as amended by P.L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

8. Date

I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-23, Jan. 99 (revised)

12-17-07 Thors

✓FB Basher Tool 6 in

worked on pump at 16 But

started #18 (line bad)

locked #19 out

✓#10 Seal 7:37 AM IN Gassy

OK 0%CH<sub>4</sub> 0%CO 20.8%O<sub>2</sub>

✓#21 Seal 7:56 AM IN Gassy

OK 0%CH<sub>4</sub> 0%CO 20.8%O<sub>2</sub>

changed filters at EM

went outside to get fittings

& MSHA Keith S. Smund

took him, Dropp & Corp M63

I knocked stepping down out

across at Old 29 Bk

Certificate of Training

U.S. Department of Labor  
Mine Safety and Health Administration

Approved OMB Number 1219-0009, Expires December 31, 2010.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

☐ Annual Refresher  
☐ New Task (specify below)

☐ Experienced Miner  
☐ Newly Employed, Inexperienced Miner

☐ Hazard Training  
☐ Other (specify)

Date	Task	Initials First Last	Date	Task	Initials First Last

3. Check Type of Operation and Related Industry:

A. ☐ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope

B. ☐ Coal ☐ Metal ☐ Nonmetal

4. Date Training Requirements Completed

➔ If completed, go to item 6, below. ☐ Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

<input type="checkbox"/> Introduction to Work Environment	<input type="checkbox"/> Roof/Ground Control & Ventilation	<input type="checkbox"/> Health
<input type="checkbox"/> Hazard Recognition	<input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Emergency Medical Procedures	<input type="checkbox"/> Cleanup; Rock Dusting	<input type="checkbox"/> First Aid
<input type="checkbox"/> H&S Aspects of Tasks Assigned	<input type="checkbox"/> Mandatory Health & Safety Standards	<input type="checkbox"/> Mine Gases
<input type="checkbox"/> Statutory Rights of Miners	<input type="checkbox"/> Authority & Responsibility of Supervisors & Miners' Representatives	<input type="checkbox"/> Explosives
<input type="checkbox"/> Self-Rescue & Respiratory Devices		<input type="checkbox"/> Prevention of Accidents
<input type="checkbox"/> Transport & Communication Systems		<input type="checkbox"/> Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

8. Date

I verify that I have completed the above training (signature of person trained)

(b) (7) traveled with Keith R. R. R.

Checked sphere 1 South

Changed out phone E. M. punch out

Cleaned Roller in taking 3

Lost map around to  
E. P. Houtch & Pick up B. R.

Cleaned spillage outly  
1 South Tail

Cleaned off P. Box 1 N Head

1 South Spot D. around 35

1 North Spray has needs

Continued & spray in new  
spray chain 23802

✓ 4 old 15 L. pump 6.2 Flyght

**Certificate of Training** U.S. Department of Labor  
Mine Safety and Health Administration

Approved OMB Number 1219-0009. Expires December 31, 2010.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

<input type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input type="checkbox"/> New Task (specify below)	<input type="checkbox"/> Newly Employed, Inexperienced Miner	<input type="checkbox"/> Other (specify)

Date	Task	Initials	Date	Task	Initials
		Inst			Inst

3. Check Type of Operation and Related Industry:

<input type="checkbox"/> A. Surface	<input type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Stope
<input type="checkbox"/> B. Coal	<input type="checkbox"/> Metal	<input type="checkbox"/> Nonmetal	

4. Date Training Requirements Completed

➔ If completed, go to item 6, below. ☐ Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

<input type="checkbox"/> Introduction to Work Environment	<input type="checkbox"/> Roof/Ground Control & Ventilation	<input type="checkbox"/> Health
<input type="checkbox"/> Hazard Recognition	<input type="checkbox"/> Mine Map, Escapeways, Emergency Evacuation, Barricading	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Emergency Medical Procedures	<input type="checkbox"/> Cleanup, Rock Dusting	<input type="checkbox"/> First Aid
<input type="checkbox"/> H&S Aspects of Tasks Assigned	<input type="checkbox"/> Mandatory Health & Safety Standards	<input type="checkbox"/> Mine Gases
<input type="checkbox"/> Statutory Rights of Miners	<input type="checkbox"/> Authority & Responsibility of Supervisors & Miners' Representatives	<input type="checkbox"/> Explosives
<input type="checkbox"/> Self-Rescue & Respiratory Devices		<input type="checkbox"/> Prevention of Accidents
<input type="checkbox"/> Transport & Communication Systems		<input type="checkbox"/> Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

8. Date

I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-23, Jan. 99 (revised)

I, Jimmy Bowyer, have reviewed Exhibit 3 to my investigation interview given this date, 75 pages, and verify that it is an accurate copy of notes that I personally recorded and maintained as fireboss at the Upper Big Branch Mine during the period from November 2, 2009 to December 17, 2009

Date: August 25, 2010

Name: Jimmy ~~Bayer~~ Bowyer JB

Signature (b) (7)(C)