South Pumps

Full 3-26-10

PRESHIFT - ONSHIFT
and
DAILY REPORT

STARTED 3-11-10

Finished 3-26-10

Company Performance Coal Co.

Mine UBB

SECTION Pumps

LOCATION NAOMA Raleigh WVA
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11 20 10 Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓ Time ____ A.M ____ P.M.

By whom ____

Report received by Brought out side (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH_4	Violation or Hazardous Condition	Action Taken
TP Ems 110's	0%	None observed	None
TP 13-32 seal 37	0%	None observed	None
BB 62, HG 17 sump	0%	None observed	None
TP 77-126	0%	None observed	None
BB Sec. 3 8-14-16-18	0%	None observed	None
TP 19-30	0%	None observed	None
7. 4 sec. 1-A-B		out of service	
BB LBB	0%	None observed	None
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH_4 0% CO 20.8% O_2 detected
track, travelways, power boxes safe at exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — Certificate No. 28734

Assistant Foreman — Superintendent or Assistant

[signature] 39199 [signature] 1659-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11-10 20___ Section or Area Examined South Pumps

Time of Examination: from 6:30 a.m. or p.m. to 7:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
JB 1.	EM 110's	0%	None observed	None
HT 2.	#13, 32 cool, 37	0%	None observed	None
LS 3.	#62	0%	None observed	None
HT 4.	# HG 17 sump	0%	None observed	None
T 5.	#77,	0%	None observed	None
LS 6.	LBB pumps, SB 126	0%	None observed	None
B 7.	#19, 30	0%	None observed	None
B S 8.	3 sec #14, 8, 16, 18	0%	None observed	None
9.	4 sec #1, A, B		Out of service	
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH_4 0% CO 20.8% O_2 detected
track, travelways, power boxes safe at exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 32261 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28732 — Jacy Stewart — Certificate No. 39199

Assistant Foreman — Certificate No. 29611 — Harley Taylor — Certificate No. 37002

[signature] Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11 20 10 Section or Area Examined South Pumps

Time of Examination: from 8:30 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	TP Ems 110's 0% CH4	none observed	none
2.	TP 13-32 seal 37 0% CH4	none observed	none
3.	BB 62 0% CH4	none observed	none
4.	TP HG 17 0% CH4	none observed	none
5.	TP 77 0% CH4	none observed	none
6.	BB LBB Pumps 0% CH4	none observed	none
7.	TP 19-30 0% CH4	none observed	none
8.	BB Sec #3 8-14-16-18 0% CH4	none observed	none
9.	4 Secs 1-A-B	out of service	
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Pumps P/C's D. Box Charger clear at exam
Track clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12 20 10 Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
P 1.	EM's 110's 0% CH4	none observed	none
P 2.	13-32 Seals 37 0% CH4	none observed	none
BB 3.	62 0% CH4	none observed	none
TP 4.	H6 17 0% CH4	none observed	none
TP 5.	77 0% CH4	none observed	none
BB 6.	TP LBB Pumps 0% CH4	none observed	none
P 7.	19-30 0% CH4	none observed	none
BB 8.	Sec #3 8-14-16-18 0% CH4	none observed	none
9.	4 Sec 1 A-B 0% CH4	none observed	none
10.	3 sec Lt Return Pump	Pump under water / Rubber mat under water	Pumping water

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: NO CH4 dected 0% 20.8% CO%
Pumps PC's D Box Chargers clear at time of exam
Track clear at time of exam

On The #3 section Lt Return Pump Water Is 4'+ Deep GLC

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

Signed By [signature] 29611 Preshift-Mine Examiner — Certificate No. 29730 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — [signature] Assistant Foreman — 1947A — Superintendent or Assistant

[signature] 29199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12 2010 Section or Area Examined Pumps

Time of Examination: from 7:00 a.m. or p.m. to 3:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
HT 1.	13, 37, #32 Seal	0%	None observed	None
HT 2.	77, 126	0%	None observed	None
HT 3.	LBB Pumps 3+15	0%	None observed	None
TW 4.	H617 Sump	0%	None observed	None
LS 5.	East Mains 110's	0%	None observed	None
JB 6.	19, 30	0%	None observed	None
JB 7.	3 Sec 8, 14, 16, 18	0%	None observed	None
TW 8.	62 BK	0%	None observed	None
LS 9.	3 sec Oldworks pump	0%	None observed	None
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2

Travelways, Power Boxes, D. Boxes OK at TOE

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

Signed By Harley Taylor (Preshift-Mine Examiner) 37002 (Certificate No.) Jim Bauger (Assistant Foreman) 32261 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28230 Jacy Stewart 39199

Assistant Foreman Dan Wettrie 1659-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12 2010 Section or Area Examined Pumps

Time of Examination: from 8:30 a.m. or p.m. to 11:45 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Brought outside Time ___ A.M ___ P.M.

Report received by Brue Bratts (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
BB 1.	EM 110's	none observed	none
BB 2.	13-32 Seals	None observed	None
BB 3.	62	none observed	None
BB 4.	HG 17	none observed	None
BB 5.	77	none observed	None
BB 6.	LBB Pumps	none observed	None
BB 7.	19-30	none observed	None
BB 8.	Sec #3 8-14-16-18	none observed	None
BB 9.	4 Sec 1 A-B	~~none observed~~ out of service	None
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: NO CH4 8% 20 8% 62 CO 8%

Pumps Power center D-Dozer Charger clear at top of exit

Trail clear at top of exit

Fire bossed 97 Ref chamber phone at chamber ~~[illegible]~~ works

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

Signed By Brue Bratts (Preshift-Mine Examiner) Certificate No. 37074 Assistant Foreman Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28772

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-13 2010 Section or Area Examined Pumps

Time of Examination: from 355 a.m. or p.m. to 545 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom [illegible] Time ____ A.M ____ P.M.

Report received by [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
BB 1.	EM 110's		None
WG 2.	13-32 Seals	None Observed	None
BB 3.	62		None
WG 4.	HG 17	None Observed	None
WG 5.	77	None Observed	None
WG 6.	LBB pumps	None Observed	None
BB 7.	19-30		None
BB 8.	#3, 8, 19, 16, 18		None
BB 9.	4 Section A & B		None
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: No CH4 20.8 O2 0 ppm CO.
pump's power center's O-Boxes charger's travel way's track OK at time of exam

[illegible] 37514

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

Signed By [illegible] Preshift Mine Examiner — Certificate No: 38958-08 — Assistant Foreman — Certificate No.

Countersigned [illegible] Mine Manager—Mine Foreman — 2373X

Assistant Foreman

Superintendent or Assistant

[illegible] Curry 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-13 2010 Section or Area Examined Pumps

Time of Examination: from 2:30 a.m. or p.m. to 3:30 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
HT 1.	13, 37, #32 Seal	0%	NONE OBSERVED	NONE
HT 2.	HG 17 Sump	0%	NONE OBSERVED	NONE
HT 3.	62, 77, 126	0%	NONE OBSERVED	NONE
HT 4.	LBB Pumps 3-15	0%	NONE OBSERVED	NONE
OC 5.	East mains 116's		NONE OBSERVED	NONE
OC 6.	19 & 30		NONE OBSERVED	NONE
7.	3, 8, 14, 18		NO POWER	
8.				
9.	4 Section A & B		Out of Service	
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH_4 0% Co 20.8% O_2
Travelways, Power Boxes, D. Boxes OK AT TOE

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

Signed By Charley Taylor (Preshift Mine Examiner) 37002 Certificate No. George Cerry (Assistant Foreman) 27429 Certificate No.

Countersigned [illegible] (Mine Manager—Mine Foreman) 28735

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-13 ~~20~~16 Section or Area Examined Pumps

Time of Examination: from 530 a.m. or (p.m.) to 1110 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no X

By whom Brought outside Time ____ A.M ____ P.M.

Report received by Bruce Bradley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	E.M 110 K CH4 0% O2 208	None observed	None
2.	13-32 Seals	None observed	None
3.	62	none observed	None
4.	H617	None observed	None
5.	77, 126	None observed	None
6.	LBB Pump	None observed	None
7.	19-30	None observed	None
8.	Sec #3 & 14, 16, 18 208 O2	None observed	None
9.	4 Sec 1 A-B CH4 0%	out of service	None
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH4 0% CO 208% O2

Travelways, Powerboxes D-Boxes ok at time of exam

#3 section track has a broken rail at #31 BK Hung up Rockdust bag with broken rail written on it. you can go in & out the section but need to be careful BB 3-13

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

Signed By Bruce Bradley (Preshift-Mine Examiner) 37574 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

____ (Assistant Foreman) ____

____ (Superintendent or Assistant) ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-14 2010 Section or Area Examined Pumps

Time of Examination: from 300 (a.m.) or p.m. to 515 (a.m.) or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom Brooks Outside Time ____ A.M ____ P.M.

Report received by Bruce Brutto (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	EM 110's CH4 0% O2 208%	None observed	None
2.	13-32 seals	None observed	None
3.	62	None observed	None
4.	HG 17	None observed	None
5.	77, 126	None observed	None
6.	LBB pump	None observed	None
7.	19-30 CH4 0% O2 20.8%	None observed	None
8.	#3 sec #3, 8 14 16 18	None observed	None
9.	#4 Sec A & B	out of service	None
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: CH4 0% O2 208% CO's 0%

Trailways Powerboxes P-boxes ok at time of exam

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

Signed By Bruce Brutto (Preshift-Mine Examiner) 37074 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

____ (Assistant Foreman) ____ ____ (Superintendent or Assistant)

[illegible] 39199 [illegible] 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-14 2010 Section or Area Examined South Pumps

Time of Examination: from 6 a.m. or p.m. to 4 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brough Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	East Mains 110's 0% CH4	None observed	None
2.	13, 32 Seal 37 0%	None observed	None
3.	62 0%	None Observed	None
4.	HG17 0%	None Observed	None
5.	77, 126 0%	None observed	None
6.	LBB 3, 15 0%	None observed	None
7.	19-30 0%	None observed	None
8.	3 Sec 8, 14, 16, 18 0%	None observed	None
9.	4 Sec 1, A-B 0%	Out of Service	
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks:

0% CH4, 0% CO, 20.8% O2

Track, Travelway Clear

Rail Broke 31 BK 3 Section

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

Signed By Jacy Stewart (Preshift-Mine Examiner) 39199 (Certificate No.) George Curry (Assistant Foreman) 27429 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28731

Assistant Foreman

Superintendent or Assistant

[signature] 1659-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-14 20 10 Section or Area Examined South Pump

Time of Examination: from 640 a.m. or p.m. to 1200 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outsides (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
TW 1.	East Mine 110S CH4 0% O2 20.8%	None observed	None
TW 2.	13,32 Seal 37	None observed	None
TW 3.	62	None observed	None
BB 4.	H617	None observed	None
BB 5.	77,126	None observed	None
BB 6.	LBB 3,15	None observed	None
BB 7.	19-30	None observed	None
BB 8.	3 Sec 8, 14, 16, 18	None observed	None
9.	4 Sec 1A-B CH4 0% 20.8%	Out of service	
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH4 0% CO 20.8% O2

Track, Travelway, Power Boxes, D-Boxes, chargers ok at time of exam

Danger off Track at 31BK going to A3 section

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 2873

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 20 10 Section or Area Examined South ramps

Time of Examination: from 1201 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Ch4	Violation or Hazardous Condition	Action Taken
BB East Mains 1105	0%	NONE observed	NONE
BB, TN 13, 32 Sec 37	0%	NONE observed	NONE
TN 62	0%	NONE observed	NONE
TN H617	0%	NONE observed	NONE
BB 77, 126	0%	NONE observed	NONE
TN LBB 3, 15	0%	NONE observed	NONE
TN/BB 19-30	0%	NONE observed	NONE
TN 3 Sec 8, 14, 16, 18	0%	NONE observed	NONE
9. 4 Sec 1-A-6		NOT IN SERVICE	
10.			

Air Measurements

Location	CFM	Location	CFM
good AIR MOVEMENT			

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

Power centers, pumps, chargers, J-boxes clear at T.O.E.

TRACK RAIL broke at 31 belt on 3 sec #1 belt, dangered off

Bruce Brackett 37074

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — Certificate No. 28735

Assistant Foreman

Superintendent or Assistant

[illegible] 13226 Tom Stewart 39199 George Curry 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 2010 Section or Area Examined South Pumps

Time of Examination: from 100 a.m. or p.m. to 400 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
LS 1.	East Mains 110s	None observed	None
JC 2.	13,32 seal 37	none observed	none
JC 3.	62	none observed	none
JC 4.	HG 17	none observed	none
JC 5.	77,126	none observed	none
JC 6.	LBB 3,15	none observed	none
JB 7.	19.30		
JB/LS 8.	3 sec. 8,14,16,18	None observed	None
LS 9.	4 sec 1, A-B	#1 None observed	None
LS 10.	61BK	None observed	None

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH_4, 0% CO, 20.8% O_2 track, travelways, pc's, D-holes clear at ear

#1 pump on 4 section is runing

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

Signed By George Curry (Preshift-Mine Examiner) 27429 (Certificate No.) Jim Bagger (Assistant Foreman) 32261 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736 Jacy Stewart 39199

(Assistant Foreman) Amy Peterson 29611 (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15- 2010 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Ems 110's	0% CH4	none observed	none
2.	13-32 seal 37	0%	none observed	none
3.	62 HG17	0%	none observed	none
4.	77, 126	0%	none observed	none
5.	LBB 3-15	0%	none observed	none
6.	19-30	0%	none observed	none
7.	3 sec. 8-14-16-18	0%	none observed	none
8.	4 sec. 1-A-B	0%	#1 pump none observed	none
9.	61 Brk.	0%		
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 deck, 0% 20.8 oz CO 0%
Pumps P/C's D. Boxs charger clear at exam
Track & Travel ways clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

[signature] 32261

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16-10 20___ Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	Ems 110's	0%	None observed	None
2.	13-32-Seal 37 Blk.	0%	None observed	None
3.	62-HG17	0%	None observed	None
4.	77, 126	0%	None observed	None
5.	LBB 3-15	0%	None observed	None
6.	19-30	0%	None observed	None
7.	3 sec. 8-14-16-18	0%	None observed	None
8.	4 sec. 1-A-B		Now out of service	
9.	61 Bk.	0%	None observed	None
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH_4 0% CO 20.8% O_2 detected
track, travelways, power boxes safe at exam)

(#32 & #37 pumps water deep being pumped)
Rail broke at 31 Bk on #3 section at time of exam
water over track at LBB (pump down)

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

Signed By [signature] Preshift-Mine Examiner 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

_____ Assistant Foreman _____

_____ Superintendent or Assistant _____

[signature] 32261 [signature] 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 2010 Section or Area Examined South Pumps

Time of Examination: from 600 a.m. or p.m. to 300 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	Action Taken
JB 1.	East Mains 110's	0%	None observed	None
HT 2.	13, 32 Seal, 37	0%	None observed	None
3.	62, HG17	0%	None observed	None
HT 4.	77, 126	0%	None observed	None
TW 5.	LBB 3, 15	0%	None observed	None
JB 6.	19-30	0%	None observed	None
JB 7.	3 Sec 8-14-16-18	0%	None observed	None
8.	4 Sec 1-A-B		out of service	
GC 9.	3 sec old sect. pump	0%	None observed	None
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% Chy, 20.8% O2, 0% Co

Water over track at #4 brk in LBB, Pumping

Track, travelways, powerventers, pumps, d-boxes, chargers clear at TOE

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A

Countersigned [signature] Mine Manager—Mine Foreman — 28736

[signature] Assistant Foreman — 29611

[signature] Assistant Foreman — Certificate No. 37002

[signature] Assistant Foreman — 27429

[signature] Superintendent or Assistant — 32261

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 2010 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Ems 110's O'LOCH4	none observed	none
2.	13-32 seal 37 O'LOCH4	none observed	none
3.	62-HG17 O'LOCH4	none observed	none
4.	77-126 O'LOCH4	none observed	none
5.	LBB 3-15 O'LOCH4	none observed	none
6.	19-30 O'LOCH4	none observed	none
7.	Sec. 3 8-14-16-18 O'LOCH4	none observed	none
8.	4 Sec. # 1-A-B	out of service	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: NOCH4 dect. O'L 20.8 or CO0%
Pumps P/cs D. Boxs. Charger clear at exam
Water on track at LBB 4 Blk. being pumped.
No power 77 Blk. Pump

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 2010 Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought out side (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Ems 40's	0% CH4	none observed	none
2.	13-32 seal 37	0%	none observed	none
3.	62-H617	0%	none observed	none
4.	77-12	0%	none observed	none
5.	LBB 3-15	0%	none observed	none
6.	19-30	0%	none observed	none
7.	Sec 3 8-14-16-18	0%	none observed	none
8.	4 sec. #1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 det. 0% 20.8 oz CO 0%
Pumps P/C's D. Boxs charger clear at exam.
Track & Tramways clear on main line at exam.
Water on track LBB 4 Blk. Being pumped. Danger off

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28236

Assistant Foreman [signature] — Certificate No. 16594

Assistant Foreman — Certificate No. 22261

Superintendent or Assistant [signature] 29429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17-10 20___ Section or Area Examined _____

Time of Examination: from 6:30 a.m. or ~~p.m.~~ to 2:30 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	EM 110's	0%	None observed	None
HT 2.	#13, 32 seal, #37	0%	None observed	None
3.	#62, HG 17 HT	0%	None observed	None
HT 4.	#77, 126	0%	None observed	None
5.	#19, 30	0%	None observed	None
6.	3 sec #8, 14, 16, 18	0%	None observed	None
7.	3 sec Old Sect pump	0%	out of service (section being moved no power on it)	
8.	4 sec #1, A, B		out of service	
HT 9.	LBB #3 pump	0%	None observed	None
10.	LBB #15 pump	0%	Out of service pump down water over track at 4 Brk (being pumped) Denyed off	(ordered pump to be set on Eve shift)

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH4 0% CO 20.8% O2 detected
track, travelways, power boxes safe at exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 32261 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28235 — George Carry — 27429

[signature] Assistant Foreman — 29611 — Harley Taylor — 37002

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 2010 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought Oatrice (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
TP 1.	Ems 110's	0%	None observed	None
TP 2.	13-32 seal 37	0%	None observed	None
BB 3.	62 HG17 TP	0%	None observed	None
TP 4.	77-126	0%	None observed	None
TP 5.	19-30	0%	None observed	None
BB 6.	3 sec. 8-14-16-18	0%	None observed	None
7.	4 sec 1-AB		out of service	None
BB 8.	LBB 3-15	0%	None observed	None

9. water on track in LBB We took old pump out before Preshift Run.

10. going back: set new pump before 2nd run Track (Danger off)

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH4 0% CO 20.8% O2 detected

Trash, Travelway, powerboxes, D-boxes clear time of exam

[signature] 29611

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 37074 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18 2010 Section or Area Examined South pumps

Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Emp 110's CH4		
2.	13-32 seal 37		
3.	62 H6 17		
4.	77-126		
5.	19-30		
6.	3 Sec 8, 14, 16, 18		
7.	4 Sec 1-AB		
8.	LBB 3-15		
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: CH4 CO O^2

Track, Travelways, powerboxes, P-Boxes

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

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

Countersigned _____ Mine Manager—Mine Foreman _____

_____ Assistant Foreman _____

_____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18-10 20___ Section or Area Examined Pumps

Time of Examination: from 6:30 a.m. or p.m. to 7:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Harley Taylor Time 7:10 A.M. ___ P.M.

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Ems 110's	None observed	None
2.	TH (HT) 13-32 seal & 37	None observed	None
3.	TH 62-H & (HT) 17	None observed	None
4.	HT 77-126	None observed	None
5.	19-30	None observed	None
6.	3 Sec 8, 19, 16, 18	None observed	None
7.	4 Sec 1-AB	Out of service	None
8.	HT L.B.B. (HT) 3-15	Water on track at 3 & out	Dangered off
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 20.8% O_2 .0% CH_4 .0% CO_2 track, travelways, power center, scoop charger clear at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A — Assistant Foreman — Certificate No. 37062

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736 — Harley Taylor

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18-10 20__ Section or Area Examined Pumps

Time of Examination: from 6:30 a.m. or ~~p.m.~~ to 2:30 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch4	Violation or Hazardous Condition	Action Taken
JB 1.	EMS 110S	0%	None observed	None
2.	HT 13, TW 32 SEAL, TW 37	0%	None observed	None
3.	TW 62, HG 17 HT	0%	None observed	None
HT 4.	77, 126	0%	None observed	None
JB 5.	19, 30	0%	None observed	None
JB LS 6.	3 SEC 14, 8, 16, 18,	0%	None observed	None
7.	4 SEC 1, A, B	0%	out of SERVICE	
TW 8.	LBB 3, 15	0%	WATER OVER TRACK #4 BRK	DANGERED OFF
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
GOOD AIR MOVEMENT			

Remarks: 0% Ch4, 20.8% O2, 0% CO

TRACK, TRAVELWAYS, POWERCENTERS, CHARGERS, D-BOXES CLEAN AT T.O.E.

Jag Stuart 39199

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

Signed By [signature] Preshift Mine Examiner — Certificate No. 32261 — Assistant Foreman [signature] — Certificate No. 1659-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28730

Assistant Foreman [signature] — Certificate No. 29611

Harley Taylor 37002 — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18 2010 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Ems 110's	0% CH4	none observed	none
2.	13-32 seal 37 Brk.	0%	none observed	none
3.	62 HG 17	0%	none observed	none
4.	77-126	0%	none observed	none
5.	19-30	0%	none observed	none
6.	3 Sec. 8-14-16-18	0%	none observed	none
7.	4 Sec. 1-A-B		out of service	
8.	LBB 3-15	0%	none observed	none
9.		LBB	water on track	being pumped
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 dect. 0% 20.8 or CO 0%
Tracks Travelways clear at exam.
Pumps P/cs D. Boxs Charger clear at exam.

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

Bruce Brown 57074

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19 20 10 Section or Area Examined South Pumps

Time of Examination: from 3:00 ~~a.m.~~ or p.m. to 6:00 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Em's 110's	0% CH4	none observed	none
2.	13.32 seal 37 Rk	0%	none observed	none
3.	62 HG17	0%	none observed	none
4.	77-126	0%	none observed	none
5.	19-30	0%	none observed	none
6.	3 sec. 8-14-16-18	0%	none observed	none
7.	4 sec. 1-A-B		out of service	
8.	LBB 3-15	0%	none observed	none
9.	LBB		some water on track	being pumped
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: No CH4 dect. 0% 20.8 or CO0%
Track & Traveling clear at exam

Bruce Brown 37074

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

Signed By [signature] Preshift-Mine Examiner 29611 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28236

_____ Assistant Foreman _____ Superintendent or Assistant

[illegible] 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19 2010 Section or Area Examined Pumps

Time of Examination: from 6:30 a.m. or p.m. to 3:30 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓ Time ____ A.M ____ P.M.

By whom ____

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
HT 1. 13, 37, #32 SEAL	0%	NONE OBSERVED	NONE
HT 2. H6 17 Sump	0%	NONE OBSERVED	NONE
HT 3. 77, 126	0%	NONE OBSERVED	NONE
HT 4. 2BB Pumps 3,4,15,22	0%	NONE OBSERVED	NONE
TW 5. EAST MAINS 110's	0%	NONE OBSERVED	NONE
JB LS 6. 19, 30	0%	NONE OBSERVED	NONE
LS 7. 62 BK	0%	NONE OBSERVED	NONE
JB LS 8. 3 SEC 8, 14, 16, 18	0%	NONE OBSERVED	NONE
9. 4 SEC 1, A, B		OUT OF SERVICE	
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% CO 20.8% O2
TRAVELWAYS, POWER BOXES, D. BOXES OK AT TOE

Joey Stewart 39199

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

Signed By Harley Taylor — Preshift-Mine Examiner — 3702 Certificate No. — Assistant Foreman — 32261 Certificate No.

Countersigned Rick Baker — Mine Manager—Mine Foreman — 23236 — Superintendent or Assistant — 1659A

Assistant Foreman

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19 2010 Section or Area Examined Pumps

Time of Examination: from 800 a.m. or p.m. to 1100 a.m. or p.m.

Was this report phoned to outside: Yes ____ no 1

By whom ____ Time ____ A.M 1120 P.M.

Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	13 37 #32 Sed CH4 0%	none observed	none
2.	HG17 CH4 0%	None observed	none
3.	77,126 CH4 0%	None observed	none
4.	LRB pumps 3,4,15,22 CH4%	none observed	none
5.	East Mains 110's CH4 0%	none observed	none
6.	19,30 CH4 0%	none observed	none
7.	62BK CH4 0%	none observed	none
8.	3Sec 8,14,16 18,2 CH4 0%	none observed	none
9.	4Sec 1A,B	out of service	
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: CH4 0% CO 0% O2 20.8%

Travelways, Powerboxes, P-Boxes OK at time of exam

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

Signed By Bruce Brackett (Preshift-Mine Examiner) 37074 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28732

____ Assistant Foreman

____ Superintendent or Assistant

George Curry 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-20 2010 Section or Area Examined Pumps

Time of Examination: from ___ a.m. or p.m. to ___ a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	13, 37, 32 Seals		
2.	H617		
3.	77, 126		
4.	LBB pumps 3, 4, 15, 22		
5.	East Main - 110's		
6.	19, 30		
7.	62 BK		
8.	3 Sec 2, 8, 14, 16, 18		
9.	4 Sec 1 AB		
10.			

Void

BB

Air Measurements

Location	CFM	Location	CFM

Void

Remarks: CH4 CO O2 BB

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

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

Countersigned _____ Mine Manager—Mine Foreman _____

_____ Assistant Foreman _____ _____ Superintendent or Assistant

[illegible] 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-20 2010 Section or Area Examined South Pumps

Time of Examination: from 1200 a.m. or (p.m.) to 300 a.m. or (p.m.)

Was this report phoned to outside: Yes_____ no >

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
HT 1. 13, 37, 32 seal	0%	NONE OBSERVED	NONE
HT 2. NG 17	0%	NONE OBSERVED	NONE
3. HT 77, 126 ose	0%	none observed	none
HT 4. LBB pumps 3, 4, 15, 22	0%	NONE OBSERVED	NONE
GC 5. East Mains's 110 s	0%	NONE OBSERVED	NONE
GC 6. 19, 30	0%	NONE OBSERVED	NONE
HT 7. 62, BK	0%	NONE OBSERVED	NONE
8. 3 sec 2, 8, 14, 16, 18		no power	
9. 4 sec 1, A, B		out of service	
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2

TRAVELWAYS, POWER BOXES, D. BOXES, OK AT TOE

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

Signed By Harley Taylor (Preshift-Mine Examiner) Certificate No. 37062 _____ Assistant Foreman _____ Certificate No. 27429

Countersigned Rick Porter (Mine Manager—Mine Foreman) 28736 George Curry

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-20 2010 Section or Area Examined South pumps

Time of Examination: from 800 a.m. or p.m. to 1100 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M 1110 P.M.

Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	13, 37 32 Seal CH4 0%	None observed	Reported
2.	HG 17 CH4 0%	None observed	Reported
3.	77, 126 CH4 0%	none observed	Reported
4.	LBB pumps 3 4 15 2 CH4 0%	None observed	Reported
5.	East Mains 110's 0% CH4	none observed	Reported
6.	19-30 CH4 0%	none observed	Reported
7.	62 BK CH4 0%	none observed	Reported
8.	3 Sec 2, 8 14 16, 18	NO Power	
9.	4 Sec 1 A, B	out of service	
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: CH4 0% CO 0% O2 20.8%

Travelways, Powerboxes, D-Boxes, OK at time of exam

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

Signed By Bruce Bralitt (Preshift-Mine Examiner) 3707 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 2873C

____ Assistant Foreman ____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 20 10 Section or Area Examined South pumps

Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓ Time ____ A.M. ____ P.M.

By whom ____

Report received by Bruce Rebide (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	13 37 32 Seal CH4	none observed	none
2.	H617 CH4	none observed	none
3.	77, 126 CH4	none observed	none
4.	LB pumps 34152 CH4	none observed	none
5.	East Mains 110th CH4	none observed	none
6.	19-30 CH4	None observed	none
7.	62 BK	None observed	none
8.	3 Sec 28 14 16 18	No power	
9.	4 Sec 1 A-B	out of service	
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: CH4 0% CO 0% O2 20.8%
Track, Pave, Ropes D-Boxes OK at time of exam

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

Signed By Bruce Brooks 37674
Preshift-Mine Examiner Certificate No.

Countersigned Rick Porter 28732
Mine Manager—Mine Foreman

Assistant Foreman ____ Certificate No. ____

Assistant Foreman ____

Superintendent or Assistant ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 2010 Section or Area Examined South Pumps

Time of Examination: from 1200 a.m. or (p.m.) to 300 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	13 37 32 seal	0% CH_4	None observed	None
2.	HG17	0% CH_4	None observed	None
3.	77 126	0% CH_4	None observed	None
4.	LBB 3, 4, 15, 22	0% CH_4	none observed	none
5.	East Mains 110s	0% CH_4	none observed	
6.	19, 30	0% CH_4	none observed	none
7.	62 BK	0% CH_4	None observed	None
8.	3 sec 2, 8, 14, 16, 18	0% CH_4	no power	
9.	4 sec 1, A, B	0% CH_4	out of service	
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH_4, 0% CO, 20.8% O_2, track, travelways, pcs, D Bolts clear at ean

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

Signed By George Curry — Preshift-Mine Examiner — Certificate No. 27429

Countersigned [signature] — Mine Manager—Mine Foreman — 28730

[signature] — Assistant Foreman — 29611

Jacy Stewart — Assistant Foreman — Certificate No. 39199

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 20 10 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____ Time ____ A.M ____ P.M.

By whom ____

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	BB Ems 110's 0% CH4	none observed	none
2.	TP 13-37-32 seal 0%	none observed	none
3.	TP HG17 0%	none observed	none
4.	TP LBB 3-4-15 0%	none observed	none
5.	BB 19-30 0%	none observed	none
6.	TP 62 0%	none observed	none
7.	TP Sec. 3 2-8-14-16-18 0%	none observed	none
8.	4 sec. 1-A-B	out of service	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 deck 0% 20.5 or CO 0%
Pumps P/C's D. Box Charger clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28735

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 20 10 Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M ____ P.M.

Report received by Bruce Oatsee (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
BP 1.	Ems 110's	0%	none observed	none
TP 2.	13-37-32 seal	0%	none observed	none
TP 3.	HG 17	0%	none observed	none
TP 4.	LBB 3-4-15	0%	none observed	none
TP 5.	19.30	0%	none observed	none
BP 6.	62	0%	none observed	none
TP 7.	3 Sec. 2-8-14-16-18	0%	none observed	none
8.	4 Sec. 1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: CH4 0% CO's 0% O2 20.8%

Pumps Powercentre D Boxes Charges ok at troof exp

[signature] 29611

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

Signed By Bruce Bratton (Preshift-Mine Examiner) Certificate No. 37074 Assistant Foreman Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined South Pump

Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____ Time _____ A.M. _____ P.M.

By whom _____

Report received by Bay [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
BB 1.	Em's 110's	none observed	none
TP 2.	13 37-32 Seal	none observed	none
TP 3.	H617	none observed	none
BB 4.	LBB 3-4-15	none observed	none
TP 5.	19-30	none observed	none
BB 6.	62	none observed	none
BB 7.	3 Sec 28 14 16 18	none observed	none
8.	4 Sec 1 A-B	out of service	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: CH4 0% 0% CO's 20.8% O2

Pumps, powerboxes, D-Boxes, chargers ok at time of exam

[signature] 29411

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

Signed By [signature] Preshift Mine Examiner — Certificate No. 32074 — Assistant Foreman — Certificate No.

Countersigned Rick Forten Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

[illegible] 39199 — George Curry 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined South Pumps

Time of Examination: from 100 a.m. or (p.m.) to 400 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no X ____ Time ____ A.M ____ P.M.

By whom ____

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
LS 1.	EMs 110s	0%	None observed	None
GSC 2.	13 37-32 seal	0% CH4	none observed	none ~~observed~~
TW 3.	HG17	0%	None observed	None
GSC 4.	LBB 3-4-15	0% CH4	none observed	none ~~observed~~
JB 5.	19-30	0%	None observed	None
TW 6.	62	0%	None observed	None
JB LS 7.	3 sec ~~8~~, 8, 14, 16, 18	0%	None observed	None
LS 8.	4 sec #1, ~~A~~	0%	None observed	None
9.	4 sec A, B		out of Service	
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 tracks, travelways, pcs, dboles charges clear at ear

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

Signed By George Curry — Preshift-Mine Examiner — Certificate No. 27429

Countersigned Rick Foster — Mine Manager—Mine Foreman — 28236

[signature] — Assistant Foreman — 29611

[signature] — Assistant Foreman — Certificate No. 32261

[signature] — Assistant Foreman — 16594

Jacy Stuart — Superintendent or Assistant — 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ✓ Time ____ A.M ____ P.M.

By whom ____

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Ems 110's	0% CH4	none observed	none
2.	13-37-32 seal	0%	none observed	none
3.	HG17	0%	none observed	none
4.	LBB 3-4-15	0%	none observed	none
5.	19-30	0%	none observed	none
6.	62	0%	none observed	none
7.	3 sec. 2-8-14-16-18	0%	none observed	none
8.	4 sec. 1-A-B	0%	out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Tramways clear at exam.
Pumps P/C's D. Boxs charger clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 2961

Countersigned Rick Foster Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman — Certificate No.

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 20 10 Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom ____ Time ____ A.M ____ P.M.

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	Ems 110's	0%	None observed	None
2.	13-37-32 seal	0%	None observed	None
3.	HG 17	0%	None observed	None
4.	LBB 3-4-15	0%	None observed	None
5.	19-30	0%	None observed	None
6.	62	0%	None observed	None
7.	Sec. 3 2-8-14-16-18	0%	None observed	None
8.	4 sec. 1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH_4 0% CO 20.8% O_2 detected
track, travelways & power boxes safe at exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28236

Assistant Foreman

Superintendent or Assistant

[signature] 22261 — George Curry 27429

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 2010 Section or Area Examined South Pumps

Time of Examination: from 600 a.m. or [redacted] to 300 [redacted] or p.m.

Was this report phoned to outside: Yes_____ no 6

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
JB 1.	EMs 110S	0%	None observed	None
HT 2.	13-37-32 seal	0%	NONE observed	NONE
HT 3.	HG17	0%	NONE observed	NONE
HT 4.	LBB 3-4-15	0%	NONE observed	NONE
JB 5.	19-30	0%	None observed	None
JSC 6.	62	0% CH4	none observed	none
7.	Sec 3 - 8-14-16, 18	0%	None observed	None
8.	4 Sec 1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8 O2 track, traveleways, pc's, D-Bolts clear at clear

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

Signed By George Curry (Preshift Mine Examiner) 27429 (Certificate No.) Jim Bowyer (Assistant Foreman) 32261 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736 Harley Taylor 37002

(Assistant Foreman) 29611 (Superintendent or Assistant)

Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

_____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 20 10 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brouth outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Ems 110's	0% CH4	none observed	none
2.	13-37-32 seal	0%	none observed	none
3.	HG 17	0%	none observed	none
4.	LBB 34-15	0%	none observed	none
5.	19-30	0%	none observed	none
6.	62	0%	none observed	none
7.	Sec. 3 814-16-18	0%	none observed	none
8.	4 Sec. 1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
	good air movement		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Tranchways clear at exam.
Pumps P/C's D. Boxs. Charger clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24 2010 Section or Area Examined South Pumps

Time of Examination: from 3:00 ~~a.m.~~ or p.m. to 6:00 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes _____ no ✓

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Ems's 110's 0% CH4	none observed	none
2.	13-37-32 seal 0%	none observed	none
3.	AG 17 0%	none observed	none
4.	LBB 34-15 0%	none observed	none
5.	19-30 0%	none observed	none
6.	62 0%	none observed	none
7.	Sec. #3 8-14-16-18 0%	none observed	none
8.	4 sec 1-A-B	out of Service	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Travelways clear at exam.
Pumps P/C's D. Rocs Charger clear at exam.

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

Signed By [signature] Preshift-Mine Examiner 29611 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

_____ Assistant Foreman _____ Superintendent or Assistant

[illegible] 29199 [illegible] 29479

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24 2010 Section or Area Examined South Pumps

Time of Examination: from 100 a.m. or p.m. to 400 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
LS 1. EM1105		None observed	None
HT 2. 13-37-32 seal	0%	None observed	None
HT 3. HG17	0%	None observed	None
HT 4. LBB 3-4-15	0%	None observed	None
JB 5. 19-30	0%	None observed	None
GC 6. 62	% CH4	None observed	None
JB 7. Sec3 8-14-16-18	0%	None observed	None
8. Sec4 1-A-B		Out of Service	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: % CH4, % CO, 20.8% O2 track, travelways, pc's, s bols, clean at clean

Replaced 4" x 12" fitting on HG 17 sump

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

Signed By George Curry — Preshift-Mine Examiner — Certificate No. 27429

Countersigned Rick Foster — Mine Manager—Mine Foreman — 28732

Assistant Foreman — 29611

Jim Bongue — Assistant Foreman — Certificate No. 32261

Harley Taylor — 37002

Jacy Stewart — 39199

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24 20 10 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ____

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
TP 1.	Gms 110's	0% CH4	none observed	none
TP 2.	13-37-32 seal	0%	none observed	none
TP 3.	HG17	0%	none observed	none
BB 4.	LBB 3-4-15	0%	none observed	none
TP 5.	19-30	0%	none observed	none
BB 6.	62	0%	none observed	none
BB 7.	Sec. 3 8-14-16-18	0%	none observed	none
8.	Sec. 4 1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Travelways clear at exam.
Pumps P/C's D. Boxs clear at exam.

Brian Braith 37074

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28732

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20 10 Section or Area Examined South Pumps

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no D

By whom ____ Time ____ A.M ____ P.M.

Report received by Brown M Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
TP 1.	Ems 110's	0%	none observed	none
TP 2.	13-37-32 seal	0%	none observed	none
TP 3.	HG 17	0%	none observed	none
BB 4.	LBB 3-4-15	0%	none observed	none
TP 5.	19-30	0%	none observed	none
BB 6.	62	0%	none observed	none
BB 7.	Sec. 3 8-14-16-18	0%	none observed	none
8.	Sec. 4 1-A-B		out of service	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: NO CH4 0% O^2 20.8% CO 0%

Track, Traveling, Pump, Powercentre, D-Boxes clear at time of exam

[signature] 29611

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

Signed By Bruce Braith (Preshift-Mine Examiner) 37074 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

____ Assistant Foreman ____ ____ Superintendent or Assistant

[signature] 3[illegible] [illegible] 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20 10 Section or Area Examined South Pumps

Time of Examination: from 600 a.m. or p.m. to 400 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch4	Violation or Hazardous Condition	Action Taken
JB 1.	EM's 110's	0%	None observed	None
HT 2.	13, 32 SEAL, 37	0%	None observed	None
HT 3.	HG17	0%	None observed	None
4.	TH LBB 3, 15	0%	None observed	None
5.	TH 62	0%	None observed	None
LS/SB 6.	3 SEC 19, 8-14-16-18	0%	None observed	None
7.	4 SEC 1, A, B		out of service	
HT 8.	77, 126	0%	None observed	None
JB 9.	#19, 30	0%	None observed	None
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% Ch4, 20.8% O2, 0% CO
Track, travelways, pumps, power centers, d-boxes clear at TOE.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28232

[signature] Assistant Foreman — Certificate No. 29611

[signature] Assistant Foreman — Certificate No. 32261

[signature] Assistant Foreman — Certificate No. 37002

[signature] Superintendent or Assistant — Certificate No. 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20 10 Section or Area Examined South Pumps

Time of Examination: from 8:00 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ____

By whom ____ Time ____ A.M ____ P.M.

Report received by Brooy H. Austin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
TP 1.	Ems 110's	none observed	none
TP 2.	13 32 seal 37	none observed	none
TP 3.	HG17	none observed	none
BB 4.	LBB 3-15	none observed	none
BB 5.	62	none observed	none
BB 6.	Sec. 3 8-14-16-18-19	none observed	none
7.	1 Sec. 1-A-B	out of service	Reported
TP 8.	77-126	none observed	none
TP 9.	19-30	none observed	none
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: CH4 0% O2 20.8% CO 0%

Trad, Transverse, pump powerboxes D-Boxes clear at time of exam

[signature] 29611

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

Signed By Bruce Burnett (Preshift-Mine Examiner) 3707 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 2873 (Certificate No.)

____ (Assistant Foreman) ____

____ (Superintendent or Assistant) ____

Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

_____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26 2010 Section or Area Examined South pump

Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____ Time ____ A.M ____ P.M.

By whom ____

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location		Violation or Hazardous Condition	Action Taken
TR Emo 110's	0% CH4	none observed	none
BB 13 32 Sec 37	0%	none observed	none
BB H617	0%	none observed	none
TR LBB 3-15	0%	none observed	none
BB 62	0%	none observed	none
BB Sec 3 8,14 16 18 19	0%	none observed	none
7. 4 Sec 1 AB		out of service	none
TP 8. 77 126	0%	none observed	none
TP 9. 19-30	0%	none observed	none
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: CH4 0% 20.8 O2 CO 0%

Track, Traveling, pumps powerboxes D-Boxes

Brue Bush 37074

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman — Superintendent or Assistant

[illegible] 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26 20 10 Section or Area Examined South Pumps

Time of Examination: from 600 a.m. or p.m. to 300 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

By whom ____ Time ____ A.M ____ P.M.

Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch4	Violation or Hazardous Condition	Action Taken
LS 1.	EM's 110's	0%	none observed	none
HT 2.	13,32 SEAL, 37	0%	none observed	none
HT 3.	HG17	0%	none observed	none
TW 4.	LBB 3,15	0%	none observed	none
LS 5.	62	0%	none observed	none
JB 6.	3 SEC 8,14,16,18,19	0%	none observed	none
7.	4 SEC 1,A,B		out of service	
HT 8.	77,126	0%	none observed	none
9.	19,30	0%	none observed	none
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% Ch4, 20.8% O2, 0% Co

Track, travelways, powercenters, pumps, deboxes, clear at T.O.E.

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

Signed By Jim Bouyer (Preshift-Mine Examiner) 32261 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.) 39199

Countersigned ____ (Mine Manager—Mine Foreman) Jacy Stewart [signature] 1659-A

____ (Assistant Foreman) ____ (Superintendent or Assistant)