HG 23 move Book

PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 2-17

Company Performance

Mine UBB

SECTION HG23

LOCATION _____ Raleigh _____ WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-10 Shift 3rd Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

Location	*Violation or Hazardous Condition*	*Action taken*
1.		
2. Section under const.		
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) Talked to crew about pinch points around scoops

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	14AA	T. Moore	33359	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-17 20___ Section or Area Examined H623

Time of Examination: from 3:30 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom J. Thomas Time 5:40 A.M. P.M.

Report received by S. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Sect. moving	Roadways Clear.	
2.			
3.	moving 5 Quipment	of from #3 head towards	new sect.
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
CH4 0% O2 20.8%			

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 14797

Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

[signature] Superintendent or Assistant — 32058-00

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.			
3.			
4.			
5.			
6.			
7.	Good Air movent		
8.	20.8 O2 0% CH4		

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) Had SAFETY TALK About equipment moving with crew At 6:30am

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	39058-08	T. Moore	33359	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-17-10 20.... Section or Area Examined HG 23

Time of Examination: from 115 a.m. or p.m. to 2 a.m. or p.m.

Was this report phoned to outside: Yes..... no.....

By whom Steve Harrah Time .....A.M 235 P.M.

Report received by Brian Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Section Moving	Roadways Clear	
2.			
3.	Moving Eqipment From #3 Head Towards new Section		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 20.8% O_2 0% CH_4 0ppm CO 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 — 39056-08 Certificate No. — Brian Collins Assistant Foreman — 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33357

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 2-17-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	good Air movement			12.			
3.				13.			
4.				14.			
5.	20.8% O2 0% CH4 0ppm CO			15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) had safety meeting with crew about moving sect at end of TK

Brian Collins — Assistant Mine

1543-A — 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 2-17-10 20 10 Section or Area Examined H.G 23

Time of Examination: from 10 a.m. or p.m. to 1050 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Brian Collins Time A.M 1103 P.M.

Report received by Jason Thomas 1479-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Section moving	Road ways clear	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air movement			

Remarks: 0% CH4, 20.8% O2

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 Brian Collins (Preshift-Mine Examiner) Certificate No. 1543-A

Countersigned T. Moore (Mine Manager—Mine Foreman) Certificate No. 33359

Assistant Foreman Certificate No. 1479-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 2-18 20___ Section or Area Examined H623

Time of Examination: from 3:30 a.m. or p.m. to 4:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom J. Thomas Time 5:45 A.M. P.M.

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Sect. moving	Roadways Clear	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air movement			
CH4 0%			
O2 20.8%			

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1479-A

Countersigned T. Moore Mine Manager—Mine Foreman — 33359

Assistant Foreman

Assistant Foreman — Certificate No.

S. Hallal Superintendent or Assistant — 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	sect. IdB moving	Roadways clear.	
2.			
3.			
4.			
5.	Good Air movement		
6.	CH4 0% O2 20.8%		
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) Had safty talk about sect. moves and building stoppings with crew at 6:30 Am.

[signature] Assistant Mine — 39058-08 Certificate No. — T. Moore Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-18-10 20____ Section or Area Examined HG 23

Time of Examination: from 1 a.m. or ~~p.m.~~ to 2 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no_____

By whom Steve Harrah Time _____ A.M 235 P.M

Report received by Buum Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: 20.8% O_2 0% CH_4 0ppm CO 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. 5008-08 — Buum Collins Assistant Foreman — Certificate No. 1543-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 33559

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 2-18-10 Shift EVC Area or Section AG#23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle	Moving Sect	
2.			
3.	Roadways	clear	
4.			
5.	20.8% oz	0% CH4 0ppm cc	
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) had safety meeting with crew about red zones while moving at end of TK

Bruce Collins 1543-B

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 2-18-10 2010 Section or Area Examined Head Gate 2J

Time of Examination: from 10 a.m. or p.m. to 1045 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Brian Collins Time A.M 1104 P.M.

Report received by Jason Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Section IdoL	moving Section	
2.			
3.			
4.	Road way's Clear		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0 Ch4 20.8% o2 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 Brian Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned T. Moore 53359 [signature] 1479-A
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 2-19 20___ Section or Area Examined H623

Time of Examination: from 3:30 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom J. Thomas Time 5:45 A.M. ___ P.M.

Report received by S. Harrat (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	sect. Idle moving	Roadways clear	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movent			
CH4 0% O2 20.8%			

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1479-A

Countersigned T. Moore Mine Manager—Mine Foreman — Certificate No. 33357

Assistant Foreman — Certificate No.

[signature] S. Harrat Superintendent or Assistant — 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19 Shift DAY Area or Section HG23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Sect. Idle		
2.			
3.			
4.			
5.	Good Air movent		
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) Had a safty talk about Tecma Heads out and Pulling bolt out.

[signature]	39056-08	T. Moore	3835-9	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19 Shift DAY Area or Section HG23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Sect. Idle		
2.			
3.			
4.			
5.	Good Air movent		
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) Had a safty talk about Tecma Heads out and Pulling bolt out.

[signature] Herrel	39056-08	T. Moore	33359	
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 2-19-10 20____ Section or Area Examined HG #23

Time of Examination: from 1 a.m. or p.m. to 150 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harrah Time ____ A.M 242 P.M.

Report received by Benjamin Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
good Air Movement			

Remarks: 20.8% O_2 0% CH_4 0ppm CO at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 39058-08 — Benjamin Collins Assistant Foreman — Certificate No. 1543-A

Countersigned [signature] Mine Manager—Mine Foreman — 33357

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 2-19-10 Shift Eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	good air movement			11.			
2.				12.			
3.	20.8% O_2	0% CH_4	0 ppm CO	13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) had safety meeting on pinch points with crew at end of TK

Brian Collins	1543-A	T Moore	33359	
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 2-A- 2010 Section or Area Examined H.G. 23

Time of Examination: from 10 a.m. or p.m. to 11 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Brian Collins Time A.M 1109 P.M.

Report received by J. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air movement			

Remarks: Roadways, work Area clear at time of exam. CH_4 20.8% O_2

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. 1479-A

[signature] Assistant Foreman — Certificate No. 1543-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 3335

[signature] Assistant Foreman — Certificate No. 1479-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 2-20 20___ Section or Area Examined H623

Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom J. Thomas Time 5:50 A.M. _____ P.M.

Report received by S. Harrel (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air movent			
CH4 0% O2 20.8%			

Remarks:

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

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

Countersigned T. Mann 33389 Mine Manager—Mine Foreman

_____ Assistant Foreman _____ S. J. Harrel 39058-08 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20 Shift Day Area or Section #623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Construction Area Clear		
3.			
4.			
5.	CH4 0%		
6.	O2 20.8%		
7.	Good Airmoment		
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) Had Safty Talk About Examining Work Area with Crew At 6:30 Am

[signature] 39058-08 T. Moore 33359

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 2-20-10 20____ Section or Area Examined HG #23

Time of Examination: from 1 a.m. or ~~p.m.~~ to 150 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harrah Time ____ A.M 250 ~~P.M.~~

Report received by Brian Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	*Violation or Hazardous Condition*	*Action Taken*
1. Construction Area		
2. Roadways	clear at time of exam	
3. Work Area's		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	*CFM*	*Location*	*CFM*
good air movement			

Remarks: 20.8% O_2 0% CH_4 0ppm CO 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) 39058-08 (Certificate No.) [signature] (Assistant Foreman) 1543-A (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3335

____ (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 2-20-10 Shift eve Area or Section HG#23

Violations and other Hazardous Conditions Observed and Reported

Location	*Violation or Hazardous Condition*	*Action taken*
1. Constuction Area		
2. Roadways	Clear at time of exam	
3. work Areas		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) had safety meeting on escapeway of new section

Brian Collins — Assistant Mine

1543-A — Certificate No.

T. Moore — Mine Foreman-Mine Manager

3357 — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21 20.... Section or Area Examined H623

Time of Examination: from 4:00 a.m. or p.m. to 5:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no.....

By whom W. Persinger Time 5:55 A.M. P.M.

Report received by ..... (Signed)

Violations and other Hazardous Conditions Observed and Reported

CH4 %	Location	Violation or Hazardous Condition	Action Taken	O_2 %
0 1.	Coor Struction Area	Clear	Reported	20.8
0 2.	Power Center	Clear	Reported	20.8
0 3.	TRACK At 12Brk	Blocked with Gobb	Reported	20.8
0 4.	Chargers	Clear	Reported	20.8
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movent			
CH4 0% O2 20.8%			

Remarks: .....

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

Signed By Wayne Rusenya (Preshift-Mine Examiner) 34877 (Certificate No.) ..... (Assistant Foreman) ..... (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359 ..... (Assistant Foreman) ..... 39058-08 (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21 Shift Mid Area or Section HG23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Construction Area	Idle	Reported
2.	12 BK	Gob On Track	Cleaning / Reported
3.	Roadways	Clear	Reported
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	12 BK	12:00am	0%	11.			
2.	12 BK	2:04am	0%	12.			
3.	12 BK	4:06am	0%	13.			
4.	12 BK	6:00am	0%	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Renewed Roof Bolt Spacing at start of shift

Wayne Rusenga — Assistant Mine
34877 — 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 ..... 20.... Section or Area Examined .....

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

Was this report phoned to outside: Yes..... no.....

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

Report received by .....
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: .....

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

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

Countersigned ..... Mine Manager—Mine Foreman ....

..... Assistant Foreman ....

.... Superintendent or Assistant ....

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Sect under Construction		
3.			
4.	Gobb on track at 12 brk	Cleaned up Gobb.	
5.			
6.			
7.	Good Air movement		
8.	CH4 0% O2 20.8%		

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) Had safty talk about building stoppings and examine work area.

[signature] 39058-08 [signature] 33359

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 2-21 20 Section or Area Examined H623

Time of Examination: from 1:00 a.m. or p.m. to 1:35 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Sect. under construction		
2.			
3.	Good Air movent		
4.	CH4 0% O2 20.8%		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By [signature] Preshift-Mine Examiner 39058-08 Certificate No. [signature] Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

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 2-21-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section under construction		
2.			
3.	construction AREA	Clean at exam time	
4.	Work Area		
5.	Roadways		
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	20.8 O2			11.			
2.	0% CH4			12.			
3.	0 PPm			13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) had safety meeting about checking roof in sub in work areas with crew at end of TK

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Brian Collins	1543-A	T. Moore	33359	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21-10 20____ Section or Area Examined HG #23

Time of Examination: from 935 a.m. ~~p.m.~~ to 1020 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes_____ no X

By whom Brought out Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	section under construction		
2.			
3.	good air movement		
4.			
5.	20.8% O2 0% CH4 0 ppm CO		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Bruce Collins Preshift-Mine Examiner — Certificate No. 1543-A — Assistant Foreman — Certificate No. 1497-A

Countersigned T. Moore Mine Manager—Mine Foreman — Certificate No. 33359

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 2-22 20____ Section or Area Examined H623

Time of Examination: from 3:20 a.m. or p.m. to 4:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom J. Thomas Time 5:50 (A.M.) P.M.

Report received by S. Horvat (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Construction Area Clear		
2.			
3.	Good air movement		
4.	CH4 0% O2 20.8%		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1479-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 33359

Assistant Foreman

[signature] Assistant Foreman — Certificate No. 32058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Sect. under constructw		
3.	Good AIR movent		
4.	CH4 0% O2 20.8%		
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) HAD SAFTY TALK ABOUT Building OVERCAST And EXAMINE work Area with Crew At 6:30am

[signature] Assistant Mine | 39058-08 Certificate No. | T. Moore Mine Foreman-Mine Manager | 33357 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-22-10 20___ Section or Area Examined HG #23

Time of Examination: from 1 a.m. or p.m. to 150 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Harrah Time ___ A.M 238 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Constuction Area	Clear	
2.			
3.	good Air movement		
4.			
5.	20.8% O_2 0% CH_4	0ppm CO	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By [signature] Preshift-Mine Examiner 39058-06 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

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 2-22-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Construction Area	Clear	
2.			
3.	good air movement		
4.			
5.	20.8% O2	0% CH4 0 ppm	
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) Had safety meeting with crew about exam of work areas at start of shift

Brian Collins	1543-A	F. Moore	33359	
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 2-22 20 10 Section or Area Examined HG 23

Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Brian Collins Time ____ A.M 11:00 P.M.

Report received by Greg Cole (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Construction Area	Clear	
2.			
3.	Good Air Movement		
4.			
5.	20.8% O^2 0% CH_4	0ppm CO	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By Brian Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 33357 [signature] 1479-A

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

Greg Cole 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 2-23 20___ Section or Area Examined H623

Time of Examination: from 3:30 a.m. or p.m. to 4:10 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom J. Thomas Time 5:42 A.M. P.M.

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Sect under Construction	work Area clear	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movent			
CH4 0% O2 20.8%			

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 147A-4 — Assistant Foreman — Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman — 33389

Assistant Foreman

S. Hallal — Superintendent or Assistant — 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-23 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Good Air movement			11.			
2.				12.			
3.	O2 20.8%			13.			
4.	CH4 0%			14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety talk about setting Heads with crew at 6:30 Am.

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	3905K-08	T. Moore	33359	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23-10 20___ Section or Area Examined HG #23

Time of Examination: from 1 a.m. or p.m. to 145 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no___

By whom Steve Harrah Time ___ A.M 245 P.M.

Report received by Bruce Collins 1543-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Construction Area	clean	
2.			
3.	good air movement		
4.			
5.	20.8% O_2 0% CH_4	0 ppm CO	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 39508-08 — [signature] Assistant Foreman — Certificate No. 1543-A

Countersigned [signature] Mine Manager—Mine Foreman — 33354

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 2-23-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Construction	area clear	
2.			
3.	20.8% O2	0% CH4 0ppm CO	
4.			
5.			
6.	good air	movement	
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) had safety meeting about lifting objects with crew at start of shift

Brian Collins — Assistant Mine
1543A — Certificate No.
T. Moore — Mine Foreman-Mine Manager
3335-9 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23 2010 Section or Area Examined Head Gate 23

Time of Examination: from 10 a.m. or p.m. to 1045 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Brian Collins Time A.M 11:15 P.M.

Report received by Jason Thomas 1477-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Construction Area	Clear	
2.			
3.	Good Air Movement		
4.	Och4		
5.	20.8% O2		
6.	0% C.O		
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By [signature] Preshift-Mine Examiner 1543-A Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359 [signature] 1477-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 2-24 20___ Section or Area Examined H623

Time of Examination: from 3:30 a.m. or p.m. to 4:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no___

By whom J. Thomas Time 5:55 A.M. P.M.

Report received by S. Hamal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Sect under construction		
2.	Good Air movemet		
3.	CH4 0% O2 20.8%		
4.	Roadways Clear At time of exam		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1477A — Assistant Foreman — Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman — 33359

Assistant Foreman

S. Hamal — 32058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Sect. under construct.		
2.			
3.	Good Air movement.		
4.	CH40% O220.8%		
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) had safty talk about examining work area with crew at 6:30 am

[signature] Hallal — Assistant Mine

39058-C8 — Certificate No.

T. Moore — Mine Foreman-Mine Manager

33359 — Certificate No.

_____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-24-10 20___ Section or Area Examined HG#23

Time of Examination: from 1 a.m. or p.m. to 150 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Hamah Time ___ A.M 240 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Construction area clear		
2.	Roadways clear		
3.	Good air movement		
4.			
5.	20.8% O2 0% CH4 0ppm CO		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By [signature] Preshift-Mine Examiner 3-25-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

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 2-24-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Constuction Area	clear	
2.	Roadways	clear	
3.			
4.			
5.	20.8% O_2	0% CH_4 0ppm CO	
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) had safety meeting with crew at start of shift an examination of work areas

Brian Collins	1543-A	T. Moore	33357	
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 2-24 20 10 Section or Area Examined H, G, 23

Time of Examination: from 10 a.m. or p.m. to 1045 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Brian collins Time A.M 11:08 P.M.

Report received by J. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Construction Area	clear at time of	
2.	Road ways	exam	
3.	Chargers		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks:

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

Signed By Brian Collins (Preshift-Mine Examiner) Certificate No. 1543-A

Countersigned T. Moore (Mine Manager—Mine Foreman) Certificate No. 3335-7

(Assistant Foreman) Certificate No. 1479-A

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 2-25 20.... Section or Area Examined HG 23

Time of Examination: from 3:30 a.m. or p.m. to 3:55 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no.....

By whom J. Thomas Time 3:55 (A.M.) P.M.

Report received by S. Harrar (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Sect. under const.		
2.	Good air movent		
3.	CH4 0% O2 20.8%		
4.	Roadways clear		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1474-A — Assistant Foreman — Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman — 33357

[signature] Assistant Foreman — 39058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-25 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Sect. under construction		
2.	Good AIR movent		
3.	CH4 0% O2 20.8%		
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) had SAFty - talk About Setting head with crew At 6:30Am.

[signature] 39058-08 T. Moore 33359

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 2-25-10 20___ Section or Area Examined HG #23

Time of Examination: from 1 a.m. or ~~p.m.~~ to 145 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Harrah Time ___ A.M 250 ~~P.M.~~

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	construction area clear		
2.	Roadways clear		
3.			
4.	OVERCAST IN TRACK Entry	NOT Bolted	Reflectors
5.			
6.	20.8% O_2 0% CH_4 0ppm CO		
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: pervercentres & chargers 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 39058-08 Certificate No. [signature] Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359 [signature] 39344-09

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 2-25-10 Shift Eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Contuction Area		
2.	Roadways		
3.			
4.	TRACK Entry OVERCAST	NOT Bolted	Bolted
5.			
6.			
7.	Good Air Movement		
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) Safty talk at end of track about moving section

[illegible]	39344-09	T. Moore	33359	
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 2-25-10 2010 Section or Area Examined 1t. G 23

Time of Examination: from 10 a.m. or p.m. to 1030 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Scott Barnett Time A.M P.M.

Report received by J. Thomas 149-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Section under		
2.	Construction		
3.	travel ways clear / Work area clear at time of exam		
4.			
5.	0 ch4 20.8% o2	0% CO	
6.			
7.	Our east in belt entry	Not bolted	Reflected
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air movement			

Remarks: Power Center & Chargers 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] 39-344-09
Preshift-Mine Examiner Certificate No.

Countersigned [signature] 33355
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 2-26 20____ Section or Area Examined H623

Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom J. Thomas Time 5:55 A.M. P.M.

Report received by E. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Sect. under construction		
2.	CH4 0% O2 20.8%		
3.	Good Air movent		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: Power center, chargers and roadways 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. 1479-A

Countersigned T. Moore Mine Manager—Mine Foreman — Certificate No. 33359

Assistant Foreman — Certificate No.

[signature] Assistant Foreman — 39058-08

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26 Shift Day Area or Section H6 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Sect. Moving		
3.	Good movement		
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) Had safty talk about Putting Belt line in with crew at 6:30 Am.

[signature] Assistant Mine — 39058 08 Certificate No. — T. Moore Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-26-10 20___ Section or Area Examined HC #23

Time of Examination: from 1 a.m. or ~~p.m.~~ to 150 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no___

By whom Steve Harrah Time ___ A.M 240 ~~P.M.~~

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Construction area	clear	
2.	pumpcenter & changers	clear	
3.			
4.	Head Hole	scrap cut	Refuture
5.			
6.	20.8% O_2 0% CH_4	0ppm CO at exam time	
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Between #1 & #2	39,900		

Remarks:

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 3808-08 — [signature] Assistant Foreman — Certificate No. 1543-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 33357

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 2-26-10 Shift eve Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Construction Area	clear	
2.	Powercenter & chargers	clear	
3.			
4.	Head Hole	SCRAP cut	[illegible]
5.			
6.			
7.			
8.	good air movement		

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) [illegible] safety meeting with crew about working safe around belt line

[illegible] 1543-A T. [illegible] 33357

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 2-26- 2012 Section or Area Examined Head Gate 23

Time of Examination: from 10 a.m. or p.m. to 1057 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Brian Collins Time ____ A.M 1104 P.M.

Report received by J. Thomas 1479-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Const. Area	Clear	
2.	P. centers, Chargers	clear	
3.			
4.	Head hole	Scrap cut	Reflectors
5.			
6.	20.8% O_2 0% CH_4		
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Between #1,2	38,761		

Remarks:

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

Signed By Brian Collins Preshift-Mine Examiner — Certificate No. 1543-A

Countersigned J. Thomas Mine Manager—Mine Foreman — Certificate No. 33357

Assistant Foreman — Certificate No. 1479-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 2-28 2010 Section or Area Examined H.G 23

Time of Examination: from 9 a.m. or p.m. to 930 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Rick Siags Time A.M P.M.

Report received by J. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Const. Area	clear	
2.	P. Center, Chargers	Clear	
3.			
4.	Head hole	Scrap cut	Reported
5.	Ochu 20.8% 02		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Between # 1-2	39,271		

Remarks:

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

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

Countersigned T. Moore Mine Manager—Mine Foreman 33357 [signature] 1479-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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