

Mine Activity Data

3497

1. Action: a. New Entry b. Update 2. Activity Code: E01 3. Event Number: 4116857

4. Date Event Started: 1/8/2007 5. Date Event Finished: 3/28/2007 6. Mine ID: 46-08436

7a. Organization Code (Mine Assignment) 20401 b. Work Group Identifier 01 9. Company Name PERFORMANCE COAL COMPANY

8a. Organization Code (AR Assignment) 20401 b. Work Group 01 10. Mine Name UPPER BIG BRANCH MINE-SOUTH

11. Report Type (check one) a. First b. Interim c. Last d. Not Applicable 12. Area of Inspections a. Active Sections 2 b. Idle Sections 0

c. Outby Areas d. Shafts/Slopes e. Surface Areas (UG) f. Surface Workings g. Company Records h. ATF i. Impoundments j. Refuse Piles

k. Major Construction (1) Shaft/ Slope Sinking 0 (2) Impoundment Construction 0 (3) Buildings 0 (4) Dragline/ Shovel 0 (5) Other 0 l. Miscellaneous

m. MMU/Pit Number (1) 030 (2) 041

13. Number of Samples Collected a. Air Samples 12 b. Rock Dust Spot 0 c. Rock Dust Survey 2 d. Respirable Dust 6 e. Noise 0 f. Other 0

14. Impoundments/Refuse Piles: a. Number b. FHC c. Configuration

15. Prime Independent Contractor Codes (Major Construction)

16. Inspection Results

| | Citations | | Orders | | Safeguards | | Other | |
|------------------------------|-----------|---------|----------|---------|------------|---------|----------|---------|
| | Coal Opr | Ind Con | Coal Opr | Ind Con | Coal Opr | Ind Con | Coal Opr | Ind Con |
| a. This Inspection | | | | | | | | |
| (1) New Issuances | 50 | | | | | | | |
| (2) Terminations/Vacations | 48/0 | | | | | | | |
| (3) Modifications/Extensions | 0/1 | | | | | | | |
| (4) Left Pending | 2 | | | | | | | |
| b. Previously Issued | | | | | | | | |
| (1) Modifications/Extensions | | | | | | | | |
| (2) Terminations/Vacations | 2/0 | | | | | | | |

18. Signature and Card Number of Authorized Representative/ Right of Entry Person(s) Responsible for Activity

Card Number
23703
24232
25879

17. Remarks:

19. Key Entered By _____ Date _____

| Shift | Sun | | | Mon | | | Tue | | | Wed | | | Thur | | | Fri | | | Sat | | |
|----------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| Week 1 1/7/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Week 2 1/14/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 3 1/21/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 4 1/28/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 5 2/4/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 6 2/11/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 7 2/18/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Week 8 2/25/2007 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 9 3/11/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 10 3/18/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 11 3/25/2007 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1/30/07

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1-10-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0745 | 3. Citation/ Order Number 7258509 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

A fire drill for each crew is not being made every 90 days. The last dates in the fire drill book are 9/22/2006-evening shift, 9/282006-3rd shift, 10/3/2006-day shift. All shifts are past due on the 90 day fire drill.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.383(b)(1) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | |
|--|---|--|--|
| 10. Gravity: | | | |
| A. Injury or Illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> |
| | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> | |
| B. Injury or Illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> |
| | Fatal <input type="checkbox"/> | | |
| C. Significant and Substantial: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 010 |
| 11. Negligence (check one) | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | |
| | | Citation <input checked="" type="checkbox"/> | |
| | | Order <input type="checkbox"/> | |
| | | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | | B. Order <input type="checkbox"/> |
| C. Safeguard <input type="checkbox"/> | | | D. Written Notice <input type="checkbox"/> |
| E. Citation/ Order Number | | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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Section I--Subsequent Action/Continuation Data

| | | | | |
|---|--|--|------------|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 01/09/2007 | Mo . Da Yr | 3. Citation/ Order Number 7258509 - 01 |
| 4. Served To WINDELL WILLS | | | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | | 7. Mine ID 46-08436 (Contractor) |

Section II--Justification for Action

A fire drill was conducted by all 3 crews.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | |
|------------------------------|-----------------------------|---------------------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | 11. SAR Number [REDACTED] 23703 | 12. Date Mo Da Yr 01/10/2007 | 13. Time (24 Hr. Clock) 0745 |
|------------------------------|-----------------------------|---------------------------------------|------------------------------------|---------------------------------|

Mine Citation/Order

1/30/07

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Mine Safety and Health Administration

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0745 | 3. Citation/ Order Number 7258509 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

A fire drill for each crew is not being made every 90 days. The last dates in the fire drill book are 9/22/2006-evening shift, 9/28/2006-3rd shift, 10/3/2006-day shift. All shifts are past due on the 90 day fire drill.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.383(b)(1) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|---|---|--|--|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or Illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 010 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
| | | |

Section IV--Automated System Data

| | | |
|--|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|------------------------------|------------------------|---|--------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo Da Yr 01/09/2007 | 3. Citation/ Order Number | 7258509 - 01 |
| 4. Served To WINDELL WILLS | | | | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | | 7. Mine ID 46-08436 (Contractor) | |

Section II--Justification for Action

A fire drill was conducted by all 3 crews.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | | |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date | Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|-----------------------|------------|-------------------------|------------------------|
| 9. Type of Inspection | E01 | 10. Event Number | 4116857 |
| 11. | [REDACTED] | AR Number | 23703 |
| | | 12. Date | Mo Da Yr 01/10/2007 |
| | | 13. Time (24 Hr. Clock) | 0745 |

Mine Citation/Order

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Mine Safety and Health Administration

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0855 | 3. Citation/ Order Number 7258510 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Loose coal 1" to 10" is present on the No.1 LLB belt conveyor beginning at the belt head and extending to the tailpiece for a distance of 1000'.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 0900 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-1 (Rev. 10-2006) Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/09/2007 | 3. Citation/ Order Number 7258510 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Loose coal was cleaned up and the area was rock dusted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Sign [Redacted] | AR Number 23703 | 12. Date Mo Da Yr 01/10/2007 | 13. Time (24 Hr. Clock) 1005 |

Mine Citation/Order

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

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Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0900 | 3. Citation/ Order Number 7258511 |
| 4. Served To WINDELL WILLS | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Float coal dust is allowed to be present on the frame and electrical components of the #2 KVA box and D-box and surrounding areas.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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Section I--Subsequent Action/Continuation Data

| | | | | |
|---|---|------------------------|------------------------------|--------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo Da Yr 01/09/2007 | 3. Citation/ Order Number | 7258511 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | | (Contractor) | |

Section II--Justification for Action

Float coal dust was removed.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | | |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date | Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | |
|-----------------------|-------|------------------|------------------------|-------------------------|------|
| 9. Type of Inspection | E01 | 10. Event Number | 4116857 | | |
| 11. AR Number | 23703 | 12. Date | Mo Da Yr 01/10/2007 | 13. Time (24 Hr. Clock) | 1000 |

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0905 | 3. Citation/ Order Number 7258512 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The intake escapeway for MMU 030 section is not maintained in a safe travelable condition in that at crosscuts #8, #10, #25 accumulations of water in depth measuring 1" to 13" is present..

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.380(d)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 010

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 01/10/2007 B. Time (24 Hr. Clock) 1000

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 4116857 21. Primary or Mill

22. Signature [Redacted] 23. AR Number 23703

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/09/2007 | 3. Citation/ Order Number 7258512 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The water was pumped down.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|---|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| 11. Citation/Order Number [REDACTED] 23703 | 12. Date Mo Da Yr 01/16/2007 | 13. Time (24 Hr. Clock) 0900 |

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0905 | 3. Citation/ Order Number 7258513 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

No up to date dates, times or initials are present at the No.2 KVA box.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.360(e) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|---|---|--|---|--|--|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could rea- sonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | E. Citation/ Order Number | | | F. Dated Mo Da Yr | |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The area was refirebossed and up to date times and initials were provided.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1000 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | | |
|---|-----|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) | E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0910 | 3. Citation/ Order Number 7258514 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Loose coal is present in the No.2 belt head and take-up. Coal is packed up against the bottom belt at the head and accumulations 1"-10" exists under the bottom rollers extending to break 18.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|--|---|--|--|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 1000 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

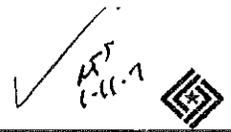
Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Subsequent Action/Continuation Data

| | | |
|--|--|---|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/09/2007 | 3. Citation/ Order Number 7258514 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

#2 belt was cleaned and rock dusted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | |
|---------------------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|---------------------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|--|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Sign  | AR Number 23703 | 12. Date Mo Da Yr 01/10/2007 | 13. Time (24 Hr. Clock) 1200 |

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0915 | 3. Citation/ Order Number 7258515 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Up to date dates, times, and initials were not provided on the No.2 belt conveyor.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.360(e) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|----------------------------|---|--|--|---------------------------------------|--|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | | F. Dated Mo Da Yr | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The area was refirebossed and up to date times and initials were provided.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1005 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0930 | 3. Citation/ Order Number 7258516 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The coal rib at the #3 KVA box and starter box is broken and gapped out 4" starting at the starter box and extending into the crosscut for a distance of 20'.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|-------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|---|---|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1600 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|------------------------------|---|------------------------------|--------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo Da Yr 01/09/2007 | 3. Citation/ Order Number | 7258516 - 01 |
| 4. Served To WINDELL WILLS | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID | 46-08436 | (Contractor) |

Section II--Justification for Action

Float coal dust was removed. (Timber was installed)

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | | | | | | | |
|-----------------------|-----|------------------|---------|----------|------------|----------|------|----------------------|------------|-------------------------|------|
| 9. Type of Inspection | E01 | 10. Event Number | 4116857 | 11. Sign | [Redacted] | R Number | 3703 | 12. Date Mo Da Yr | 01/10/2007 | 13. Time (24 Hr. Clock) | 1030 |
|-----------------------|-----|------------------|---------|----------|------------|----------|------|----------------------|------------|-------------------------|------|

Mine Citation/Order

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Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0940 | 3. Citation/ Order Number 7258517 |
| 4. Served To WINDELL WILLS | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The No.2 belt conveyor is not being maintained in a safe operating condition in that the first bottom roller inby the stationary take up roller had the bearing was wore out and was rolling metal to metal.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.1725(a) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | | |
|--|--|---|---|---|--|--|------------------------------------|
| 10. Gravity: | | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> | |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | | |
| C. Significant and Substantial: | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | | |
| 11. Negligence (check one) | | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> | |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr | |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> | |
| 15. Area or Equipment | | | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1200 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The defective was replaced.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1100 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

2/26/08 *cl*

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

M-5
1-10-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 0950 | 3. Citation/ Order Number 7258518 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The ground clamp is not hooked to the batteries being charged at the section scoop charging station at spad 20944.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.701 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|---|---|--|------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or Illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1200 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The ground clamp was attached to the batteries.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1100 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

2/26/08 ch

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

MSHA
1-10-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 1015 | 3. Citation/ Order Number 7258519 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The emergency park brake on No.1 scoop did not activate when tested.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.523-3(b)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|---|---|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/09/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MSA
1-11-77



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/09/2007 | 3. Citation/ Order Number 7258519 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

A new parking brake was installed.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

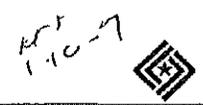
Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Sign [Redacted] | AR Number 23703 | 12. Date Mo Da Yr 01/10/2007 | 13. Time (24 Hr. Clock) 1130 |

Mine Citation/Order

1/30/07

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



| | | |
|--|--------------------------------|--|
| Section I--Violation Data | | |
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 1100 | 3. Citation/ Order Number 7258520 |
| 4. Served To WINDELL WILLS | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

On MMU 030 section, shuttle car ser.# 17503, the power cable is not being maintained in a safe mechanical and electrical condition in that two cable splices had exposed leads.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.514 |
|--------------|---|-------------------|---|

| | | | | | | |
|--|--|---|--|--|--|------------------------------------|
| Section II--Inspector's Evaluation | | | | | | |
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr | |
| A. Citation <input type="checkbox"/> | | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | |
| D. Written Notice <input type="checkbox"/> | | | | | | |

| | | |
|-----------------------|--------------------------------|--|
| 15. Area or Equipment | | |
| 16. Termination Due | | |
| A. Date 01/09/2007 | B. Time (24 Hr. Clock) 1200 | |

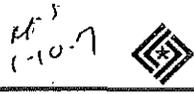
| | |
|---------------------------------|--------------------------------------|
| Section III--Termination Action | |
| 17. Action to Terminate | The two cable splices were repaired. |

| | |
|-----------------------|--------------------------------|
| 18. Terminated | |
| A. Date 01/09/2007 | B. Time (24 Hr. Clock) 1130 |

| | | |
|---|-----------------------------|------------------------|
| Section IV--Automated System Data | | |
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

1/30/07



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/09/2007 | 2. Time (24 Hr. Clock) 1420 | 3. Citation/ Order Number 7264921 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The operator did not maintain a record showing that the #1 and #2 continuous miner on the MMU030 section were calibrated at least once every 31 days.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.342(a)(4)(ii) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
1-11-7



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/09/2007 | 3. Citation/ Order Number 7264921 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Records were provided showing that the methane monitors on the #1 and #2 miners were calibrated.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---------------------------|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. S [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 01/10/2007 | 13. Time (24 Hr. Clock) 0801 |

Mine Citation/Order

2/26/08 CR

U.S. Department of Labor
Mine Safety and Health AdministrationMSHA
L-11-7

Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/10/2007 | 2. Time (24 Hr. Clock) 0840 | 3. Citation/ Order Number 7264922 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The back alarm on the 966 end loader did not function when tested.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 77.410(a)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|---|---|--|-----------------------------------|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |
| 15. Area or Equipment | | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 1300 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The back alarm was repaired and now functions when the machine is put in reverse.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 1230 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

2/26/08 d

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



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 01/10/2007 | 2. Time (24 Hr. Clock) 0945 | 3. Citation/ Order Number 7264923 |
| 4. Served To WINDELL WILLS | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The operator is not complying with the approved roof control plan (page 12) in that the right hand opening in the break at spad 20920 measures 27' and 8".

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.220(a)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or Illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 1600 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Sign | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|-------------------------------|---|------------------------------|--------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated. (Original Issue) | Mo Da Yr 01/10/2007 | 3. Citation/ Order Number | 7264923 - 01 |
| 4. Served To WINDELL WILLS | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID | 46-08436 | (Contractor) |

Section II--Justification for Action

The opening was narrow down to 26 ft.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | | |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date | Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | | | | |
|-----------------------|---|------------------|---------|----------|----------|------------|-------------------------|------|
| 9. Type of Inspection | E01 | 10. Event Number | 4116857 | | | | | |
| 11. S |  | AR Number | 23703 | 12. Date | Mo Da Yr | 01/22/2007 | 13. Time (24 Hr. Clock) | 1000 |

Mine Citation/Order

2/26/08 CR

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

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Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 01/10/2007 | 2. Time (24 Hr. Clock) 0952 | 3. Citation/ Order Number 7264924 |
| 4. Served To WINDELL WILLS | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The guard over the pick breaker chain on the feeder on the 030 section had an opening 6" by 24".

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.1722(a) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|---|---|--|--|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | F. Dated | Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 1030 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The guard was repaired and the opening closed.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/10/2007 | B. Time (24 Hr. Clock) 1010 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/10/2007 | 2. Time (24 Hr. Clock) 1022 | 3. Citation/ Order Number 7264925 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The 2 area lights on the operators side and 2 area lights on the off side of the right roof bolter are inoperative on the 030 section.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.503 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|--|---|---|--|--|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input checked="" type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 002 | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> |
| 15. Area or Equipment | | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/11/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|------------------------|--|
| 17. Action to Terminate | | |
| 18. Terminated | | |
| A. Date Mo Da Yr | B. Time (24 Hr. Clock) | |

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/10/2007 | 3. Citation/ Order Number 7264925 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The 4 area lights was replaced.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | |
|------------------------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|------------------------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | |
|------------------------------|-----------------------------|-----------------------------|--------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | 11. Signature [Redacted] | AR Number 23703 | 12. Date Mo Da Yr 01/22/2007 | 13. Time (24 Hr. Clock) 1015 |
|------------------------------|-----------------------------|-----------------------------|--------------------|------------------------------------|---------------------------------|

2/12/07

1-17-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/16/2007 | 2. Time (24 Hr. Clock) 1300 | 3. Citation/ Order Number 7264931 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The revision that was submitted in response to PIB No.P06-11, was denied by letter dated 11-05-2006. A corrected plan was to be submitted to MSHA within 10 days of your receipt of the denial. To date, a corrected copy has not been received.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.370(a)(1) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|----------------------------|---|--|--|------------------------------------|--|
| 10. Gravity: | A. Injury or Illness (has) (is): No Likelihood <input checked="" type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | | | | |
| | C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | |
| 12. Type of Action | 104(a) | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/ Order Number | |
| F. Dated Mo Da Yr | | | | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/25/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | | |
|---|-----|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) | E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/16/2007 | 3. Citation/ Order Number 7264931 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

A corrected plan has been received.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---------------------------|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. S [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 01/22/2007 | 13. Time (24 Hr. Clock) 1421 |

Mine Citation/Order

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

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/22/2007 | 2. Time (24 Hr. Clock) 0945 | 3. Citation/ Order Number 7264945 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The right coal rib in the no.3 entry, belt/track at spad 20070 is not adequately supported, beginning at the inby corner and extending for at distance of 20 ft., the rib is loose and gapped out 8 inches and is 7 ft. high.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|---|-------------------|--|

Section II--Inspector's Evaluation

| | | | | |
|----------------------------|---|---|---|---|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/ Order Number | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/22/2007 | B. Time (24 Hr. Clock) 1200 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate Timbers was installed along the rib.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/22/2007 | B. Time (24 Hr. Clock) 1100 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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

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Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 0915 | 3. Citation/ Order Number 7264961 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof is not adequately supported in the intake escape way for mmu 009 section, beginning at break 73 and extending to break 111. The mine roof has fallen from around 40 to 50 of the resin roof bolt, rendering them ineffective.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|---|-------------------|--|

Section II--Inspector's Evaluation

| | | | | |
|--|---|---|---|--|
| 10. Gravity: | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | |
| | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number |
| 15. Area or Equipment | | | | |

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/13/2007 | B. Time (24 Hr. Clock) 1000 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|------------------------|--|
| 17. Action to Terminate | | |
| 18. Terminated | | |
| A. Date Mo Da Yr | B. Time (24 Hr. Clock) | |

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Citation/Order
Continuation

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Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 01/30/2007 Mo Da Yr | 3. Citation/ Order Number 7264961 - 01 |
| 4. Served To JAMES GRISWOLD | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Timbers was installed in the intake.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | |
|------------------------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|------------------------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| AR Number 23703 | 12. Date Mo Da Yr 02/20/2007 | 13. Time (24 Hr. Clock) 1545 |

Mine Citation/Order

2/26/08 MA

U.S. Department of Labor
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2-6-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 0930 | 3. Citation/ Order Number 7264962 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The intake escape way for mmu 009 section is not being maintain in a safe condition to always assure safe passage, including disabled persons, loose rocks from the mine roof has accumulate on the mine floor, beginning at break 73 and extending to break 130, measuring 6 inch to 15 inches.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.380(d)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | |
|----------------------------|---|-----------------------------------|---|--|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | | 13. Type of Issuance (check one) | Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
| 14. Initial Action | A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> |
| | E. Citation/Order Number | | | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/13/2007 | B. Time (24 Hr. Clock) 1000 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
2-22-07 

Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|------------------------------|---|------------------------------|--------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo Da Yr 01/30/2007 | 3. Citation/ Order Number | 7264962 - 01 |
| 4. Served To JAMES GRISWOLD | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID | 46-08436 | (Contractor) |

Section II--Justification for Action

The loose rock was removed from the walkway.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | | |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date | Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------|----------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | | | | |
|-----------------------|-----|------------------|---------|----------|----------|-------------------------|------------|------|
| 9. Type of Inspection | E01 | 10. Event Number | 4116857 | | | | | |
| | | AR Number | 23703 | 12. Date | Mo Da Yr | 13. Time (24 Hr. Clock) | 02/20/2007 | 1550 |

Mine Citation/Order

2/26/08 ca

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

M-5
2-1-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 1020 | 3. Citation/ Order Number 7264963 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Non-premissible jack hammar was being use in the return air course for mmu 009, where seal was being installed. 00.2 methane was detected at this time.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.507-1(a) |
|--------------|--|-------------------|--|

Section II--Inspector's Evaluation

| | | | | | | |
|--|---|--|---|--|-----------------------------------|------------------------------------|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> | |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | | |
| 12. Type of Action | 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr | |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/30/2007 | B. Time (24 Hr. Clock) 1030 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The jace hammar was removed from the return.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/30/2007 | B. Time (24 Hr. Clock) 1025 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

2/24/08 cl

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

MS-
2-1-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 1115 | 3. Citation/ Order Number 7264964 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Float coal dust is allow to accumule in the frame and electrical components of the KVA box at break 44 on north mains.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | |
|------------------------------|---|---------------------------------|---|---|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/ Order Number | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/31/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

4-3
2-9-7 

Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/30/2007 | 3. Citation/ Order Number 7264964 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The float coal dust was removed from the kva box at break 44.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|--|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature  | AR Number 23703 | 12. Date Mo Da Yr 02/06/2007 | 13. Time (24 Hr. Clock) 0950 |

Mine Citation/Order

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

MSJ
2-1-08 

Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 1108 | 3. Citation/ Order Number 7264965 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The #44 brk pump cathead (100 amp) is not provided with means to prevent the cathead from being plugged into to the 224 amp breaker.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.602 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | |
|----------------------------|---|-----------------------------------|---|--|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | | 13. Type of Issuance (check one) | Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
| 14. Initial Action | A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> |
| | E. Citation/ Order Number | | | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/31/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|--|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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2-9-07



Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|------------------------------|---|------------------------------|--------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | | 2. Dated (Original Issue) | Mo Da Yr 01/30/2007 | 3. Citation/ Order Number | 7264965 - 01 |
| 4. Served To WINDELL WILLS | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID 46-08436 | | (Contractor) |

Section II--Justification for Action

Means was provide so that the no. 44 break pump cathead (100 amp) could not be plugged into the 224 amp breaker. The strap was shorted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|-----------------------|----------|-------------------------|-----------------|
| 9. Type of Inspection | E01 | 10. Event Number | 4116857 |
| 11. Signature | | Number | 703 |
| 12. Date | Mo Da Yr | 13. Time (24 Hr. Clock) | 02/06/2007 0945 |

Mine Citation/Order

2/26/08 CA

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

M-5
2-1-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 1115 | 3. Citation/ Order Number 7264966 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

An inadequate pre-shift examination was conducted on the KVA box at break 44 on north mains, float coal dust was found in the KVA box, this condition was not reported in the pre-shift examiner book.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.360(a)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | |
|----------------------------|---|---------------------------------|--|---|
| 10. Gravity: | A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/ Order Number | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/30/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS 29.7 

Section I--Subsequent Action/Continuation Data

| | | | | |
|---|--|--|---|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 01/30/2007 | Mo Da Yr | 3. Citation/ Order Number 7264966 - 01 |
| 4. Served To WINDELL WILLS | | | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID 46-08436 (Contractor) | |

Section II--Justification for Action

Adequate pre-shift was conducted on the KVA box at break 44.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | |
|------------------------------|-----------------------------|--|--------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | 11. Signature  | AR Number 23703 | 12. Date Mo Da Yr 02/06/2007 | 13. Time (24 Hr. Clock) 1055 |
|------------------------------|-----------------------------|--|--------------------|------------------------------------|---------------------------------|

Mine Citation/Order

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

M-3
2-1-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 1145 | 3. Citation/ Order Number 7264967 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The 480 volt power supply box for the No, 4 take up is not being maintained in a safe operating condition in that the doors are not secured to prevent access to 480 volt components.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.512 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|---|---|--|--|---------------------------------------|--|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | | F. Dated Mo Da Yr | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/30/2007 | B. Time (24 Hr. Clock) 1200 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The doors were secured to prevent access.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 01/30/2007 | B. Time (24 Hr. Clock) 1150 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

2/26/08 CR

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



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 01/30/2007 | 2. Time (24 Hr. Clock) 1150 | 3. Citation/ Order Number 7264968 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The power cable entering the cathead for the no.4 belt trash pump is not properly bushed.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.515 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | |
|------------------------------|---|---------------------------------|---|---|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/ Order Number | F. Dated Mo Da Yr |
| 15. Area or Equipment | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 01/30/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Sign | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
2-9-7



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 01/30/2007 | 3. Citation/ Order Number 7264968 - 01 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The power cable was properly brushed.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---------------------------|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature [Redacted] | AR Number 23703 | 12. Date Mo Da Yr 02/06/2007 | 13. Time (24 Hr. Clock) 1000 |

...ine Citation/Order

3/22/07

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

2-9-7



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 02/06/2007 | 2. Time (24 Hr. Clock) 1030 | 3. Citation/ Order Number 7264969 |
| 4. Served To WINDELL WILLS | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof in the north mains intake escape way no. 2 entry, beginning at break 101 and extending to break 103, is broken with cutter on the left and right ribs, several of resin roof bolt have pressure, cracks running in the center of the enter.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

| | | | |
|--|---|--|---|
| 10. Gravity: | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> |
| | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> | |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> |
| | Fatal <input type="checkbox"/> | | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 |

| | | | | | |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|

| | | | | |
|------------------------------|----------------------------------|--|--------------------------------|------------------------------------|
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
|------------------------------|----------------------------------|--|--------------------------------|------------------------------------|

| | | |
|--|-----------------------------------|---------------------------------------|
| 14. Initial Action | E. Citation/ Order Number | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> |
| D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/13/2007 | B. Time (24 Hr. Clock) 0900 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|---------------|--------------------|------------------------|
| 8. Terminated | A. Date MoDa Yr | B. Time (24 Hr. Clock) |
|---------------|--------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 9. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 2. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration as established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 D Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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3-13-7



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/06/2007 | 3. Citation/ Order Number 7264969 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Timbers was installed in the entry.

See Continuation Form

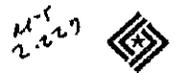
Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Shift [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 02/21/2007 | 13. Time (24 Hr. Clock) 0935 |

3/8/07



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/20/2007 | 2. Time (24 Hr. Clock) 1400 | 3. Citation/ Order Number 7264977 |
| 4. Served To JAMES GRISWOLD | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Page 6 of the approved methane and dust control plan is not being complied with on mmu 041, The operator is not checking the scrubber volume and recording the findings in the pre-shift book weekly.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.370(a)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|------------------------------|---|--|--|--|--|----------------------|
| 10. Gravity: | A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/21/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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2-22-07



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) 02/20/2007 Mo Da Yr | 3. Citation/ Order Number 7264977 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The scrubber volume was checked and recorded in the pre-book.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---------------------------|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. S [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 02/21/2007 | 13. Time (24 Hr. Clock) 1205 |

2/24/08 *ch*

4-5
2-22-07 

Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/20/2007 | 2. Time (24 Hr. Clock) 1600 | 3. Citation/ Order Number 7264978 |
| 4. Served To JAMES GRISWOLD | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Loose coal measuring 1 inch to 11 inches is present on the no. 1 LLB mains belt conveyor beginning at the belt head and extending to tail piece, loose coal has accumulated under the bottom roller and on the off side of the belt in several locations.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|--|---|--|--|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/21/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

K-1
2,26-7



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original issue) Mo Da Yr 02/20/2007 | 3. Citation/ Order Number 7264978 - 01 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The loose coal was removed from the no. 1 LLB belt conveyor.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. (b) (7)(C) | AR Number 23703 | 12. Date Mo Da Yr 02/25/2007 | 13. Time (24 Hr. Clock) 1020 |

Mine Citation/Order

2/26/08 cd

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

MSHA
2-22-7



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 02/20/2007 | 2. Time (24 Hr. Clock) 1605 | 3. Citation/ Order Number 7264979 |
| 4. Served To JAMES GRISWOLD | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Loose coal measuring 1 inch to 10 inches is present on the no. 2 belt conveyor beginning at the belt head and extending to break 20, loose coal has accumulated under the bottom roller and on the off side of the belt.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|--|---|--|------------------------------------|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> |
| C. Significant and Substantial: | | | D. Number of Persons Affected: | | | |
| | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 001 | | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | | 13. Type of issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/21/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|---|---|---|--------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | | 2. Dated (Original Issue) Mo Da Yr 02/20/2007 | | 3. Citation/ Order Number 7264979 - 01 | |
| 4. Served To JAMES GRISWOLD | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID 46-08436 | | (Contractor) |

Section II--Justification for Action

The loose coal on the No. 2 Belt Conveyor from the Belt Head to #20bk. Has been cleaned and rockdusted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | |
|---|--------------------|---------------------------------|---------------------------------|--|--|
| 9. Type of Inspection E01 | | 10. Event Number 4116857 | | | |
| 11.  | AR Number 23879 | 12. Date Mo Da Yr 02/27/2007 | 13. Time (24 Hr. Clock) 0800 | | |

Mine Citation/Order

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2-22-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/20/2007 | 2. Time (24 Hr. Clock) 1630 | 3. Citation/ Order Number 7264980 |
| 4. Served To JAMES GRISWOLD | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Page 6 of the approved roof control plan is not being complied with in the no. 4 entry at spad 21017 on mmu 040-0 section, the no. 4 left opening was measured 28 ft. wide.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.220(a)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|--|---|--|--|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | | D. Number of Persons Affected: | | 001 |
| Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | | | | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/20/2007 | B. Time (24 Hr. Clock) 1730 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/20/2007 | 3. Citation/ Order Number 7264980 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The opening was narrow down to 26 ft. by installing three timbers.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|-------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|-------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|-----------------------------|-----------------------------|------------------------------------|---------------------------------|
| Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature (b) (7)(C) | AR Number 23703 | 12. Date Mo Da Yr 02/21/2007 | 13. Time (24 Hr. Clock) 1115 |

Citation/Order

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

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/20/2007 | 2. Time (24 Hr. Clock) 1645 | 3. Citation/ Order Number 7264981 |
| 4. Served To JAMES GRISWOLD | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The power cable to the no. 2 roof bolter on mmu 040 section is not properly brushed were the cable enters the cat head.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.515 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/20/2007 | B. Time (24 Hr. Clock) 1700 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | |
|-------------------------|-----------------------------|
| 17. Action to Terminate | Cable was properly brushed. |
|-------------------------|-----------------------------|

| | | |
|---------------|-----------------------------------|--------------------------------|
| 8. Terminated | A. Date Mo Da Yr 02/20/2007 | B. Time (24 Hr. Clock) 1650 |
|---------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|---------------------|
| 9. Type of Inspection (activity of) | 20. Event Number 4116857 | 21. Primary or Mill |
| 2. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3a (Rev. 10/2006) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration as established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 D Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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Mine Safety and Health Administration

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/25/2007 | 2. Time (24 Hr. Clock) 1010 | 3. Citation/ Order Number 7264990 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The circuit breaker for the return pump at the no. 2 section belt KVA box is not identified.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.904 |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or Illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/25/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

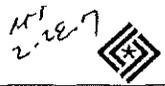
17. Action to Terminate

| | | |
|----------------|------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3 (Rev. 05-01-07) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/25/2007 | 3. Citation/ Order Number 7264990 - 01 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The circuit breaker for the return pump at the #2 Section Belt KVA box has been properly identified.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---------------------------|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. (b) (7)(C) [REDACTED] | AR Number 23879 | 12. Date Mo Da Yr 02/27/2007 | 13. Time (24 Hr. Clock) 1400 |

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Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/25/2007 | 2. Time (24 Hr. Clock) 1012 | 3. Citation/ Order Number 7264991 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The circuit breaker for no. 1 scoop charger at the no. 2 section belt KVA box is not identified.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.904 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|---|---|--|-----------------------------------|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/25/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Subsequent Action/Continuation Data

| | | |
|---|---|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/25/2007 | 3. Citation/ Order Number 7264991 - 01 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The circuit breaker for the #1 Scoop charger at the #2 Section Belt KVA box has been proerly identified.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| 11. AR Number 23879 | 12. Date Mo Da Yr 02/27/2007 | 13. Time (24 Hr. Clock) 1402 |

Mine Citation/Order

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U.S. Department of Labor
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Section I--Violation Data

| | | |
|--|---|---|
| 1. Date Mo Da Yr 02/25/2007 | 2. Time (24 Hr. Clock) 1015 | 3. Citation/ Order Number 7264992 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input checked="" type="checkbox"/> |

Float coal dust is present on the frame and electrical components of the no. 2 section belt KVA box and line splitter box.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|----------------------------|---|----------------------------------|---|--|---|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
| 12. Type of Action | 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/ Order Number | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/26/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-1 (Rev. 10-2006) is required by the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Subsequent Action/Continuation Data

| | | |
|--|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/25/2007 | 3. Citation/ Order Number 7264992 - 01 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The float coal dust on the frame and electrical components of the #2 Section Belt KVA box and Line Splitter box has been cleaned and being properly maintained.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature  | AR Number 23879 | 12. Date Mo Da Yr 02/27/2007 | 13. Time (24 Hr. Clock) 1405 |

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Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 02/25/2007 | 2. Time (24 Hr. Clock) 1020 | 3. Citation/ Order Number 7264993 |
| 4. Served To MIKE BELCHER | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

A inadequate pre-shift examination has been conducted on the no. 2 section KVA box and splitter box, three violation was found at this KVA box and no record of any hazards was reported in the pre-shift examiner book.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.360(a)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|---|---|--|------------------------------------|
| 10. Gravity: | | | | | | |
| A. Injury or Illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or Illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | D. Number of Persons Affected: | | | |
| Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | 001 | | | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/25/2007 | B. Time (24 Hr. Clock) 1430 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
2-28-7



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/25/2007 | 3. Citation/ Order Number 7264993 - 01 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |

Section II--Justification for Action

A pre-shift examination has been conducted on the #2 Section KVA box and Splitter box and has been recorded.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---------------------------|--------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature | AR Number 23879 | 12. Date Mo Da Yr 02/27/2007 | 13. Time (24 Hr. Clock) 1410 |

Mine Citation/Order

2/26/08 ch

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

MS 2-26-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 02/25/2007 | 2. Time (24 Hr. Clock) 1130 | 3. Citation/ Order Number 7264994 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

Loose coal measuring 1 inch to 15 inches is allow to accumulate under the no. 2 north belt conveyor, beginning at the no. 1 LLB belt head and extending outby the track, for a distance of 75 ft.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.400 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | |
|---|---|--|--|---------------------------------------|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | D. Number of Persons Affected: 001 |
| 11. Negligence (check one) | A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | 12. Type of Action 104(a) | | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | |
| 14. Initial Action E. Citation/ Order Number | | F. Dated Mo Da Yr | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/26/2007 | B. Time (24 Hr. Clock) 1500 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

MS 2-28-7 

Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 02/25/2007 | 3. Citation/ Order Number 7264994 - 01 |
| 4. Served To MIKE BELCHER | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The loose coal has been cleaned and rock-dusted on the #2 North Belt Conveyor, beginning at the #1 LLB Belt Head and extending outby the track, for the distance of 75ft.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|--|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11.  | AR Number 23879 | 12. Date Mo Da Yr 02/27/2007 | 13. Time (24 Hr. Clock) 1408 |

3/22/07

MS
2-26-7



Section I--Violation Data

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 02/25/2007 | 2. Time (24 Hr. Clock) 1045 | 3. Citation/ Order Number 7264995 |
| 4. Served To MIKE BELCHER | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 |
| 8. Condition or Practice | | (Contractor) |

8a. Written Notice (103g)

The check in and out system is not being complied at this mine, [redacted] was check on the in side of the check in and out board, but was not at the mine.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.1715 |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a)

13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 02/25/2007 | B. Time (24 Hr. Clock) 1100 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The person was found not to be at the mine and there tag was move to the check out side.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 02/25/2007 | B. Time (24 Hr. Clock) 1055 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. S | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Citation/Order

2/26/08 ca

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



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/06/2007 | 2. Time (24 Hr. Clock) 1040 | 3. Citation/ Order Number 7260606 |
| 4. Served To Rick Hodge-SUPT. | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The Continuous Miner JM #5633 on the MMU 041-0 section did not have a functioning battery back-up for activating the fire suppression when the power was de-energized.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.1103-7(a) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 03/07/2007 B. Time (24 Hr. Clock) 0800

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 57 21. Primary or Mill

22. Signature 23. AR Number 24232

MSHA Form 7000-... The Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
3-12-07



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 03/06/2007 Mo Da Yr | 3. Citation/ Order Number 7260606 - 01 |
| 4. Served To Rick Hodge-SUPT. | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The battery back-up for activating the fire suppression when the power is de-energized has been repaired on the Continuous Miner JM#5633 on the MMU 041-0 section.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|--|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature  | AR Number 24232 | 12. Date Mo Da Yr 03/12/2007 | 13. Time (24 Hr. Clock) 0130 |

Section I -- Subsequent Action/Continuation Data

| | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|----------|----------|--|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo 03 | Da 06 | Yr 07 | 3. Citation/ Order Number | 7 | 2 | 6 | 0 | 6 | 0 | 6 | - | 0 | 2 | | |
| 4. Served To By Certified Mail Greg Fernet | | | | | 5. Operator Performance Coal Company | | | | | | | | | | | | | |
| 6. Mine Upper Big Branch Mine - South | | | | | 7. Mine ID 4 6 - 0 8 4 3 6 - (contractor) | | | | | | | | | | | | | |

Section II -- Justification for Action

Upon further review at conference, this violation is modified as follows:

- Item 9c from 75.1103-7(a) to 75.1107-13(g)
- Item 10 (a) from reasonably likely to unlikely
- Item 10(c) is modified to Non S&S

2/26/08

See Continuation Form

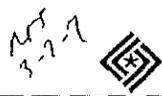
Section III -- Subsequent Action Taken

| | | | | | | | |
|----------------|----|----|----|--------------------|-------------------------------------|--|---|
| 8. Extended To | Mo | Da | Yr | B. Time(24HrClock) | C. Vacated <input type="checkbox"/> | D. Terminated <input type="checkbox"/> | E. Modified <input checked="" type="checkbox"/> |
| A. Date | | | | | | | |

Section IV -- Inspection Data

| | | | | | | | | | | | | | | | | | | |
|-----------------------|------------|---|---|------------------|---|---|---|---|---|----------|----|----|----|------------------------|---|---|---|---|
| 9. Type of Inspection | T | 0 | 2 | 10. Event Number | | | | | | | | | | | | | | |
| 11. Sig (7)(C) | [Redacted] | | | AR Number | 2 | 0 | 8 | 3 | 7 | 12. Date | Mo | Da | Yr | 13. Time(24 Hr. Clock) | 0 | 9 | 1 | 5 |
| | | | | | | | | | | | 0 | 1 | 1 | 7 | 0 | 8 | | |

2/26/08 ca



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/06/2007 | 2. Time (24 Hr. Clock) 1100 | 3. Citation/ Order Number 7260607 |
| 4. Served To Rick Hodge-SUPT. | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The Shuttle Car SN# ET16880 on MMU 041/040 section has a trailing cable splice with power conductors exposed.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.514 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|---------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> |
| D. Written Notice <input type="checkbox"/> | | | | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/06/2007 | B. Time (24 Hr. Clock) 1130 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | |
|-------------------------|--------------------------------|
| 17. Action to Terminate | The cable splice was repaired. |
|-------------------------|--------------------------------|

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/06/2007 | B. Time (24 Hr. Clock) 1110 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116057 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 24232 | |

MSHA Form 7000-3a (Mar 03 revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I -- Subsequent Action/Continuation Data

| | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|----------|----------|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo 03 | Da 06 | Yr 07 | 3. Citation/ Order Number | 7 | 2 | 6 | 0 | 6 | 0 | 7 | - | 0 | 1 | | |
|---|--|------------------------------|----------|----------|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|

| | | |
|------------------------------------|-------------------|--|
| 4. Served To Greg Fernet | By Certified Mail | 5. Operator Performance Coal Company |
|------------------------------------|-------------------|--|

| | |
|---|--------------------------------------|
| 6. Mine Upper Big Branch Mine - South | 7. Mine ID 46-08436- (contractor) |
|---|--------------------------------------|

Section II -- Justification for Action

Upon further review at conference, this violation is modified as follows:

Item 9c from 75,514 to 75,604(b)

Handwritten signature and date: 2/26/08

See Continuation Form

Section III -- Subsequent Action Taken

| | | | | | | | |
|----------------|----|----|----|--------------------|-------------------------------------|--|---|
| 8. Extended To | Mo | Da | Yr | B. Time(24HrClock) | C. Vacated <input type="checkbox"/> | D. Terminated <input type="checkbox"/> | E. Modified <input checked="" type="checkbox"/> |
| A. Date | | | | | | | |

Section IV -- Inspection Data

| | | | | | | | | | | | |
|-------------------------------|------------------|--------------------|----------|----|----|----|-----------------------|---|---|---|---|
| 9. Type of Inspection T 02 | 10. Event Number | AR Number 20837 | 12. Date | Mo | Da | Yr | 13. Time(24 Hr.Clock) | 0 | 9 | 3 | 0 |
| | | | | 0 | 1 | 1 | 7 | 0 | 8 | | |

3/22/07



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/06/2007 | 2. Time (24 Hr. Clock) 1135 | 3. Citation/ Order Number 7260608 |
| 4. Served To Rick Hodge-SUPT. | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The roof bolter SN#2003339 on MMU 041/040 section has two lights not working.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.503 |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | |
|--------------|---|---|--|---------------------------------------|
| 10. Gravity: | A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could rea- sonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 |
|--------------|---|---|--|---------------------------------------|

| | | | | | |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|

| | |
|------------------------------|--|
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
|------------------------------|--|

| | | |
|---|------------------------------|----------------------|
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | F. Dated Mo Da Yr |
|---|------------------------------|----------------------|

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/07/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) | 20. Event Number 4116857 | 21. Primary or Mill |
|---|-----------------------------|---------------------|

| | |
|---------------|------------------------|
| 22. Signature | 23. AR Number 24232 |
|---------------|------------------------|

MSHA Form 7000-3a of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

MS
3-7-7



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 03/06/2007 Mo Da Yr | 3. Citation/ Order Number 7260608 - 01 |
| 4. Served To Rick Hodge-SUPT. | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The two lights were repaired on the roof bolter.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|-------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|-------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---|-----------------------------|------------------------------------|---------------------------------|
| Type of Inspection E01 (b) (7)(C) | 10. Event Number 4116857 | | |
| Signature [Redacted] | 11. AR Number 24232 | 12. Date Mo Da Yr 03/07/2007 | 13. Time (24 Hr. Clock) 1030 |

HAFO

Mine Citation/Order

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

3-2-7



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 03/07/2007 | 2. Time (24 Hr. Clock) 1005 | 3. Citation/ Order Number 7260609 |
| 4. Served To Rick Hodge-SUPT. | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

On MMU 040/041 section the high voltage cable was not guarded at the high voltage sled where persons regularly travel. The cable was measured at a height of 5.5 feet from the floor.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.816(a)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is); No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

1. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

2. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

4. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

5. Area or Equipment

| | | |
|--------------------|--------------------------------|--------------------------------|
| 8. Termination Due | A. Date Mo Da Yr 03/07/2007 | B. Time (24 Hr. Clock) 1030 |
|--------------------|--------------------------------|--------------------------------|

Section III--Termination Action

7. Action to Terminate The cable was guarded.

| | | |
|---------------|--------------------------------|--------------------------------|
| 9. Terminated | A. Date Mo Da Yr 03/07/2007 | B. Time (24 Hr. Clock) 1015 |
|---------------|--------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---------------------------------------|---------------------|---------------------|
| 1. Type of Inspection (activity code) | 20. Event Number | 21. Primary or Mill |
| 1. Signature | 23. AR Number 24232 | |

MSHA Form 7000-1 Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 J Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I -- Subsequent Action/Continuation Data

| | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|----------|----------|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo 03 | Da 07 | Yr 07 | 3. Citation/ Order Number | 7 | 2 | 6 | 0 | 6 | 0 | 9 | - | 0 | 1 | | |
|---|--|------------------------------|----------|----------|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|

| | | |
|------------------------------------|-------------------|--|
| 4. Served To Greg Fernet | By Certified Mail | 5. Operator Performance Coal Company |
|------------------------------------|-------------------|--|

| | |
|---|--------------------------------------|
| 6. Mine Upper Big Branch Mine - South | 7. Mine ID 46-08436- (contractor) |
|---|--------------------------------------|

Section II -- Justification for Action

Upon further review at conference, this violation is modified as follows:

Item 9c from 75.816(a)(1) to 75.807

Handwritten signature/initials

See Continuation Form

Section III -- Subsequent Action Taken

| | | | | | | | | |
|----------------|---------|----|----|----|--------------------|-------------------------------------|--|---|
| 8. Extended To | A. Date | Mo | Da | Yr | B. Time(24HrClock) | C. Vacated <input type="checkbox"/> | D. Terminated <input type="checkbox"/> | E. Modified <input checked="" type="checkbox"/> |
|----------------|---------|----|----|----|--------------------|-------------------------------------|--|---|

Section IV -- Inspection Data

| | | | | | | | |
|--|------------------|-----------|----------|----|----|----|------------------------|
| 9. Type of Inspection (b) (7)(C) T 02 | 10. Event Number | AR Number | 12. Date | Mo | Da | Yr | 13. Time(24 Hr. Clock) |
| | | 20837 | | 01 | 17 | 08 | 0930 |

a Citation/Order

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

M.S.
3.8-7



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 03/07/2007 | 2. Time (24 Hr. Clock) 1110 | 3. Citation/ Order Number 7260610 |
| 4. Served To Rick Hodge-SUPT. | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

On the MMU 040/041 section, the #2 scoop was being charged with no ground clamp attached from the charger to the scoop.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.701 |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/07/2007 | B. Time (24 Hr. Clock) 1115 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The ground clamp was attached from the charger to the scoop.

| | | |
|----------------|--------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/07/2007 | B. Time (24 Hr. Clock) 1112 |
|----------------|--------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| Signature | 23. AR Number 24232 | |

MSHA Form 7000-3, March 2003 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I -- Subsequent Action/Continuation Data

| | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|----------|----------|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo 03 | Da 07 | Yr 07 | 3. Citation/ Order Number | 7 | 2 | 6 | 0 | 6 | 1 | 0 | - | 0 | 1 | | |
|---|--|------------------------------|----------|----------|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|

| | | |
|------------------------------------|-------------------|--|
| 4. Served To Greg Fernet | By Certified Mail | 5. Operator Performance Coal Company |
|------------------------------------|-------------------|--|

| | | |
|---|-------------------------|--------------|
| 6. Mine Upper Big Branch Mine - South | 7. Mine ID 46-08436- | (contractor) |
|---|-------------------------|--------------|

Section II -- Justification for Action

Upon further review at conference, this violation is modified as follows:

Item 9c from 75.701 to 75.703

Handwritten signature

See Continuation Form

Section III -- Subsequent Action Taken

| | | | | | | | |
|----------------|----|----|----|--------------------|-------------------------------------|--|---|
| 8. Extended To | Mo | Da | Yr | B. Time(24HrClock) | C. Vacated <input type="checkbox"/> | D. Terminated <input type="checkbox"/> | E. Modified <input checked="" type="checkbox"/> |
| A. Date | | | | | | | |

Section IV -- Inspection Data

| | | | | | | | | | |
|-----------------------|------------|------------------|--|-----------|----------|----|----|----|------------------------|
| 9. Type of Inspection | T 02 | 10. Event Number | | | | | | | |
| 11. Signatures | [Redacted] | | | AR Number | 12. Date | Mo | Da | Yr | 13. Time(24 Hr, Clock) |
| | | | | 20837 | | 01 | 17 | 08 | 0915 |

Mine Citation/Order

4/4/07

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

MSF
3-2-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/07/2007 | 2. Time (24 Hr. Clock) 1500 | 3. Citation/ Order Number 7265010 |
| 4. Served To RICK HODGE | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The approved ventilation plan revision, dated September 29, 2006 is not being complied with in that seal to permanently seal the jarrells branch longwall bleeder system and gob have not been completed. Management stated in the revision that the seals would be complied on December 07, 2006.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.370(a)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 03/14/2007 B. Time (24 Hr. Clock) 0800

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number 4116860 21. Primary or Mill

22. Signature 23. AR Number 23703

MSHA Form 7000-3, March 2006 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

46-5
219.7



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) 03/07/2007 Mo Da Yr | 3. Citation/ Order Number 7265010 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The operation has submitted at date of 3-29-2007 to have the seal completed to MSHA. Work is being done to remove the equipment from the seal area.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|--------------------------------|-----------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr 03/29/2007 | B. Time (24 Hr. Clock) 0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|--------------------------------|-----------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | | | |
|-----------------------------|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature [Redacted] | 11. AR Number 23703 | 12. Date Mo Da Yr 03/14/2007 | 13. Time (24 Hr. Clock) 1257 |

Mine Citation/Order
Continuation

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

123-7


Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) 03/07/2007 Mo Da Yr | 3. Citation/ Order Number 7265010 - 02 |
| 4. Served To Rick Hodge | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |

Section II--Justification for Action

The seals to seal the longwall bleeder system and gob area have been completed. The Jarrells Branch fan is off line.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---|--------------------------|------------------------------|------------------------------|
| 9. Type of Inspection T02 (b) (7)(C) | 10. Event Number 9832268 | | |
| 11. Signature  | AR Number 20808 | 12. Date Mo Da Yr 04/03/2007 | 13. Time (24 Hr. Clock) 1100 |

4/4/07

M.S.
3-8-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/07/2007 | 2. Time (24 Hr. Clock) 1530 | 3. Citation/ Order Number 7265011 |
| 4. Served To RICK HODGE | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The operator has not submitted to MSHA a notification of legal identity change, Craig Boggs is listed on the legal identity form 2000-7..

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 41.10 |
|--------------|--|-------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|--|--|---|--|--|------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or Illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input checked="" type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/12/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|--|-----------------------------------|---------------------|
| 19. Type of Inspection (activity code) 502 | 20. Event Number 4116860 37 | 21. Primary or Mill |
| 22. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

10-19-07 

Section I--Subsequent Action/Continuation Data

| | | |
|--|---|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 03/07/2007 | 3. Citation Order Number 7265011 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Legal identity was received on 3-14-2007

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 3. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| 11. Citation Number 3703 | 12. Date Mo Da Yr 03/14/2007 | 13. Time (24 Hr. Clock) 1303 |

Mine Citation/Order

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



Section I - Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0730 | 3. Citation/ Order Number 7265014 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The head gate 18 panel is not being examined at least once every seven days by a certified person to determine if there is adequate air flow at the top end of the panel, and no record can be provided to show that the area was examined.

See Citation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.364(a)(1) |
|--------------|--|-------------------|---|

Section II - Inspector's Evaluation

| | | | | |
|-------------|---|--|--|---------------------------------------|
| 10. Gravity | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | D. Number of Persons Affected: 001 |
|-------------|---|--|--|---------------------------------------|

| | | | | | |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|

| | |
|------------------------------|--|
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
|------------------------------|--|

| | | |
|---|------------------------------|----------------------|
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | F. Dated Mo Da Yr |
|---|------------------------------|----------------------|

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III - Termination Action

17. Action to Terminate
The area was travel and determined that their was adequate air flow.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1000 |
|----------------|-----------------------------------|--------------------------------|

Section IV - Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Min |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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



Section I - Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0840 | 3. Citation/Order Number 7265015 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) <input type="checkbox"/> |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof in the north west track entry is not adequately supported, the mine roof has fallen from around several of the resin roof bolts rendering them effectiveness and on the walkway side of the track in several location the coal rib is cracked gapped out for a distance of 10 ft. to 20 ft. long and 7 ft. high.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|-------------------|--|

Section II - Inspector's Evaluation

| | | | | | | |
|------------------------------|---|--|--|--|--|-------------------|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | E. Citation/Order Number | F. Dated Mo Da Yr |

15. Area or Equipment

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1600 |
|---------------------|--------------------------------|--------------------------------|

Section III - Termination Action

| | | |
|-------------------------|------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV - Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about Federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-PAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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



Section I—Violation Data

| | | |
|--|---|---------------------------------------|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0850 | 3. Citation/Order Number 7265016 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) <input type="checkbox"/> |
| 8. Condition or Practice The mine roof has fallen from around two of the resin roof bolts outby ep-50, exposing a area of supported roof measuring 15ft. X 10 ft. | | |

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|---|-------------------|--|

Section II—Inspector's Evaluation

| | | | | | |
|---|---|--|--|------------------------------------|--|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | | | | |
| | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | |
| 12. Type of Action 104(a) | 13. Type of Instance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | | |
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/Order Number | | | F. Dated Mo Da Yr | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/15/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III—Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV—Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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



Section I - Violation Data

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0900 | 3. Citation Order Number 7265017 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | |

Ba. Written Notice (103g)

The mine roof is not adequately supported two breaks outby ep 55, the mine roof has fallen from around two of the resin roof bolts, and a cutter is running down the left rib for a distance of 15 ft. with several of the roof bolts on the outby corner is 5 ft. from the rib.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|---|-------------------|--|

Section II - Inspector's Evaluation

| | | | | | |
|---|---|---|---|--|------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | |
| | | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/Order Number | |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | | F. Dated Mo Da Yr | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/15/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|--------------------------------|--------------------------------|

Section III - Termination Action

| | | |
|-------------------------|------------------------|--|
| 17. Action to Terminate | | |
| 18. Terminated | | |
| A. Date Mo Da Yr | B. Time (24 Hr. Clock) | |

Section IV - Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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



Section I - Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1000 | 3. Citation/ Order Number 7265018 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof in the no. 4 entry 2 breaks out by the face and the cross cut between the no. 4 and no. 5 entries on the top end of the no. 13 head gate is not being adequately supported, the mine roof has fallen in these area and no additional roof support has being installed.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|--|
| 9. Violation | A. Health Safety <input type="checkbox"/> Other <input checked="" type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|---|-------------------|--|

Section II - Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 03/19/2007 B. Time (24 Hr. Clock) 0800

Section III - Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV - Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 4116857 21. Primary or Mill

22. Signature 23. AR Number 23703

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Mine Citation/Order

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



Section I - Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1005 | 3. Citation/ Order Number 7265019 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice At least one entry on the intake on head gate 18 cannot be travel in its entirety, a roof fall has occurred beginning the no. 4 and 5 entries two breaks outby the face blocking travel. | | 8a. Written Notice (103g) <input type="checkbox"/> |

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health Safety Other <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.364(b)(1) |
|--------------|--|-------------------|---|

Section II - Inspector's Evaluation

| | | | | | |
|-----------------------------|---|--|--|------------------------------------|-------------------|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | | | | |
| | C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one): | A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | |
| 12. Type of Action | 104(a) | | 13. Type of Issuance (check one): Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | E. Citation/Order Number | | F. Dated Mo Da Yr |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/19/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|--------------------------------|--------------------------------|

Section III - Termination Action

| | | |
|-------------------------|------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV - Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 400 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

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

Section I - Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1030 | 3. Citation/ Order Number 7265020 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE SOUTH | 7. Mine ID 46-08436 | (Contractor) <input type="checkbox"/> |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

No means was provided at the KVA box on north west mains to prevent the no. 3 scoop charger which was plug into a 100 amp circuit break from being plugged in the 225 amp circuit breaker.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.602 |
|--------------|--|----------------------|--|

Section II - Inspector's Evaluation

| | | | | | | |
|------------------------------|---|--|--|--|--|----------------------|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | 13. Type of Issuance (check one) | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> | |
| 14. Initial Action | A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | F. Dated Mo Da Yr |
| 15. Area or Equipment | | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1100 |
|---------------------|-----------------------------------|--------------------------------|

Section III - Termination Action

17. Action to Terminate The strap was shorted so that the no. 3 scoop charger could not be plugged into the 225 amp circuit breaker.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1045 |
|----------------|-----------------------------------|--------------------------------|

Section IV - Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Min |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-5247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.



Mine Citation/Order

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



Section I - Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1035 | 3. Citation/ Order Number 7265021 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The automatic emergency parking brake on the hauler on northwest mains did not activate immediately by the emergency deenergization device.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.523-3(b)(1) |
|--------------|--|-------------------|---|

Section II - Inspector's Evaluation

| | | | | |
|--------------|---|--|--|---------------------------------------|
| 10. Gravity: | A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> | C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | D. Number of Persons Affected: 001 |
|--------------|---|--|--|---------------------------------------|

| | | | | | |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|
| 11. Negligence (check one) | A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> |
|----------------------------|----------------------------------|---------------------------------|---|----------------------------------|--|

| | |
|------------------------------|--|
| 12. Type of Action 104(a) | 13. Type of Instance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> |
|------------------------------|--|

| | | |
|---|------------------------------|----------------------|
| 14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | E. Citation/ Order Number | F. Dated Mo Da Yr |
|---|------------------------------|----------------------|

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1600 |
|---------------------|-----------------------------------|--------------------------------|

Section III - Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV - Automated System Data

| | | |
|--|-----------------------------|---------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
|--|-----------------------------|---------------------|

| | |
|---------------|------------------------|
| 22. Signature | 23. AR Number 23703 |
|---------------|------------------------|

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0730 | 3. Citation/ Order Number 7265014 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The head gate 18 panel is not being examined at least once every seven days by a certified person to determine of there is adequate air flow at the top end of the panel, and no record can be provided to show that the area was examined.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.364(a)(1) |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|---------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (Is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> |
| D. Written Notice <input type="checkbox"/> | | | | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1400 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The area was travel and determined that their was adequate air flow.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1000 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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3-19-7



Section I--Violation Data

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0840 | 3. Citation/ Order Number 7265015 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | |
| 8a. Written Notice (103g) <input type="checkbox"/> | | |

The mine roof in the north west track entry is not adequately supported, the mine roof has fallen from around several of the resin roof bolts rending them effectiveness and on the walkway side of the track in several location the coal rib is cracked gapped out for a distance of 10 ft. to 20 ft. long and 7 ft. high.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|--|---|--|---|--|------------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> | | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1600 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|------------------------|--|
| 17. Action to Terminate | | |
| 18. Terminated | | |
| A. Date Mo Da Yr | B. Time (24 Hr. Clock) | |

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature (b) (7)(C) | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 14th Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
3-28-07



Section I--Subsequent Action/Continuation Data

| | | | |
|---|--|---|---------------------------|
| 1. Subsequent Action 1a. <input checked="" type="checkbox"/> <input type="checkbox"/> | | (Original Issue) 03/14/2007 | Order Number 7265015 - 01 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The area out by the effective area is being seal.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Inquired |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|-----------------------|------------|-------------------------|------------------------|
| 9. Type of Inspection | E01 | 10. Date | 03/27/2007 |
| 11. Signature | (b) (7)(C) | AR Number | 23703 |
| | | 12. Date | Mo Da Yr 03/27/2007 |
| | | 13. Time (24 Hr. Clock) | 0755 |

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MS
3.19.7



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0850 | 3. Citation/ Order Number 7265016 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof has fallen from around two of the resin roof bolts outby ep-50, exposing a area of supported roof measuring 15ft. X 10 ft.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

| | | | |
|--|---|---|---|
| 10. Gravity: | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> |
| C. Significant and Substantial: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 |
| 11. Negligence (check one) | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | |
| | | Citation <input checked="" type="checkbox"/> | Order <input type="checkbox"/> |
| 14. Initial Action | | E. Citation/ Order Number | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | B. Order <input type="checkbox"/> | C. Safeguard <input type="checkbox"/> | D. Written Notice <input type="checkbox"/> |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/15/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | |
|-------------------------|------------------------|
| 17. Action to Terminate | |
| 18. Terminated | A. Date Mo Da Yr |
| | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Sign | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

11-5
3-247



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|---------------------------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 03/14/2007 | 3. Order Number /205010 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Timbers was installed at each roof bolt that was dislodged from the mine roof.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. vacated | <input checked="" type="checkbox"/> D. terminated | <input type="checkbox"/> E. modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 411685 | | |
| 11. [Redacted] | AR Number 23703 | 12. Date Mo Da Yr 03/19/2007 | 13. Time (24 Hr. Clock) 0900 |

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M-5
3-19-7



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 0900 | 3. Citation/ Order Number 7265017 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof is not adequately supported two breaks outby ep 55, the mine roof has fallen from around two of the resin roof bolts, and a cutter is running down the left rib for a distance of 15 ft. with several of the roof bolts on the outby corner is 5 ft. from the rib.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/15/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

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3-117



Section I--Subsequent Action/Continuation Data

| | | |
|--|---|------------------------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Date (Original Issue) 03/14/2007 | Order Number 7205017 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Timbers was installed along the rib.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4110057 | | |
| 11. Signatures | AR Number 23703 | 12. Date Mo Da Yr 03/19/2007 | 13. Time (24 Hr. Clock) 0855 |

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M 5
3/19/07



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1000 | 3. Citation/ Order Number 7265018 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The mine roof in the no. 4 entry 2 breaks outby the face and the cross cut between the no. 4 and no. 5 entries on the top end of the no. 18 head gate is not being adequately supported, the mine roof has fallen in these area and no additional roof support has being installed.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.202(a) |
|--------------|--|----------------------|---|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|--------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/19/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|--------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

M.S.
3-6-07 

Section I--Subsequent Action/Continuation Data

| | | |
|---|---|------------------------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) 03/14/2007 | Order Number 7205018 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The area to the fall was barricaded off.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|---|-----------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11.  | AR Number 23703 | 12. Date Mo Da Yr 03/19/2007 | 13. Time (24 Hr. Clock) 0930 |

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MS-3
3-19-7



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1005 | 3. Citation/ Order Number 7265019 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

At least one entry on the intake on head gate 18 cannot be travel in its entirety, a roof fall has occurred beginning the no. 4 and 5 entries two breaks outby the face blocking travel.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|---|-------------------|---|
| 9. Violation | A. Health Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.364(b)(1) |
|--------------|---|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | |
|---|--|--|--|--|-----------------------------------|
| 10. Gravity: | | | | | |
| A. Injury or illness (has) (is): | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input checked="" type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | | |
| 11. Negligence (check one) | | | | | |
| A. None <input type="checkbox"/> | B. Low <input type="checkbox"/> | C. Moderate <input checked="" type="checkbox"/> | D. High <input type="checkbox"/> | E. Reckless Disregard <input type="checkbox"/> | |
| 12. Type of Action 104(a) | | 13. Type of Issuance (check one) | | | |
| | | Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | |
| 14. Initial Action | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | | | |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/19/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|------------------------|--|
| 17. Action to Terminate | | |
| 8. Terminated | | |
| A. Date Mo Da Yr | B. Time (24 Hr. Clock) | |
| | | |

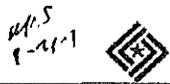
Section IV--Automated System Data

| | | |
|---|-----------------------------|---------------------|
| 9. Type of Inspection (activity code) (7)(C) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 2. Signature | 23. AR Number 23703 | |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration is established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 D Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) 03/14/2007 | 3. Citation Order Number 7265019 - 01 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The area is in the process of being sealed.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr 03/26/2007 | B. Time (24 Hr. Clock) 0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116657 | | |
| 11. Signat [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 03/19/2007 | 13. Time (24 Hr. Clock) 1113 |

Mine Citation/Order
Continuation

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

MS
7-28-7



Section I--Subsequent Action/Continuation Data

| | | |
|---|---|---------------------------|
| 1. Subsequent Action 1a. <input checked="" type="checkbox"/> <input type="checkbox"/> | (Original Issue) 03/14/2007 | Order Number 7205019 - 02 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

The area is being seal off out by head gate 18.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. vacated | <input checked="" type="checkbox"/> D. terminated | <input type="checkbox"/> E. modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|---------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| 11. Signature [Redacted] | 12. Date Mo Da Yr 03/27/2007 | 13. Time (24 Hr. Clock) 0745 |
| AR Number 23703 | | |

Mine Citation/Order

2/26/08 ca

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

MS 3-19-7 

Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1030 | 3. Citation/ Order Number 7265020 |
| 4. Served To BENNIE PRESTLY | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition of Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

No means was provided at the KVA box on north west mains to prevent the no. 3 scoop charger which was plug into a 100 amp circuit break from being plugged in the 225 amp circuit breaker.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|-------------------|---|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.602 |
|--------------|--|-------------------|---|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|---|---|---|--|--|
| 10. Gravity: | | | | | | |
| A. Injury or Illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Reasonably Likely <input checked="" type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input checked="" type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> |

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1100 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate The strap was shorted so that the no. 3 scoop charger could not be plugged into the 225 amp circuit breaker.

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1045 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | |
|---|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signature | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Section I -- Subsequent Action/Continuation Data

| | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|---------|--|----------|---------------------------------|---|---|---|---|---|---|---|---|---|---|--|--------------|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo 0 | Da 3 | Yr 14 | 3. Citation/ Order Number | 7 | 2 | 6 | 5 | 0 | 2 | 0 | - | 0 | 1 | | | |
| 4. Served To Greg Fernet | | By Certified Mail | | 5. Operator Performance Coal Company | | | | | | | | | | | | | | | |
| 6. Mine Upper Big Branch Mine - South | | 7. Mine ID | | 4 | 6 | - | 0 | 8 | 4 | 3 | 6 | - | | | | | | (contractor) | |

Section II -- Justification for Action

Based upon information provided at a Health and Safety Conference
it has been determined that this citation should be modified:
10 a from reasonably likely to unlikely
10 b from permanently disabling to lost work days
10 c from yes to no

See Continuation Form

See Continuation Form

Section III -- Subsequent Action Taken

| | | | | | | | |
|----------------|----|----|----|--------------------|-------------------------------------|--|---|
| 8. Extended To | Mo | Da | Yr | B. Time(24HrClock) | C. Vacated <input type="checkbox"/> | D. Terminated <input type="checkbox"/> | E. Modified <input checked="" type="checkbox"/> |
| A. Date | | | | | | | |

Section IV -- Inspection Data

| | | | | | | | | | | | | | | | | | | |
|-----------------------|------------|---|---|------------------|---|---|---|---|---|----------|----|----|----|-----------------------|---|---|---|---|
| 9. Type of Inspection | T | 0 | 2 | 10. Event Number | | | | | | | | | | | | | | |
| 11. Signature | [Redacted] | | | AR Number | 2 | 0 | 8 | 3 | 7 | 12. Date | Mo | Da | Yr | 13. Time(24 Hr.Clock) | 1 | 0 | 0 | 0 |
| | | | | | | | | | | | 0 | 1 | 1 | 7 | 0 | 8 | | |

M-5
3.6.07.7



Section I--Violation Data

| | | |
|--|--------------------------------|---|
| 1. Date Mo Da Yr 03/14/2007 | 2. Time (24 Hr. Clock) 1035 | 3. Citation/ Order Number 7265021 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | |

8a. Written Notice (103g)

The automatic emergency parking brake on the hauler on northwest mains did not activate immediately by the emergency deenergization device.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.523-3(b)(1) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/
Order Number F. Dated Mo Da Yr

15. Area or Equipment

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/14/2007 | B. Time (24 Hr. Clock) 1600 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

17. Action to Terminate

| | | |
|----------------|---------------------|------------------------|
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |
|----------------|---------------------|------------------------|

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or Mill |
| 22. Signatu | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

MS
3-21-7



Section I--Subsequent Action/Continuation Data

| | | | | |
|---|--|---|--------------------------------------|---------------------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | | 2. Dated (Original Issue) Mo Da Yr 03/14/2007 | | Order Number 1205021 - 01 |
| 4. Served To BENNIE PRESTLY | | | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID 46-08436 (Contractor) | |

Section II--Justification for Action

The parking brake activated immediately when checked.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | |
|---------------------------|------------------------------|------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| 11. Citation Number 3703 | 12. Date Mo Da Yr 03/19/2007 | 13. Time (24 Hr. Clock) 1020 |

Section I - Subsequent Action/Continuation Data

| | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|----|----|----|--|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | 2. Dated (Original Issue) | Mo | Da | Yr | 3. Citation/ Order Number | 7 | 2 | 6 | 5 | 0 | 2 | 1 | - | 0 | 2 | | | | |
| | | 0 | 3 | 1 | | 4 | 0 | 7 | | | | | | | | | | | |
| 4. Served To By Certified Mail Greg Fennett | | | | | 5. Operator Performance Coal Company | | | | | | | | | | | | | | |
| 6. Mine Upper Big Branch Mine - South | | | | | 7. Mine ID 4 6 - 0 8 4 3 6 - (contractor) | | | | | | | | | | | | | | |

Section II - Justification for Action

Upon further review at conference, this citation is vacated.

Based upon present case law the inspectors determination can not be supported.

Boyer

See Continuation Form

Section III - Subsequent Action Taken

| | | | | | | | |
|----------------|----|----|----|-----------------------|--|--|--------------------------------------|
| 8. Extended To | Mo | Da | Yr | B. Time (24 Hr Clock) | C. Vacated <input checked="" type="checkbox"/> | D. Terminated <input type="checkbox"/> | E. Modified <input type="checkbox"/> |
| A. Date | | | | | | | |

Section IV - Inspection Data

| | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---|---|---|------------------|----------|----|----|----|-------------------------|---|---|--|--|--|--|--|--|--|--|--|
| 9. Type of Inspection | T | 0 | 2 | 10. Event Number | | | | | | | | | | | | | | | | |
| 11. Signature | | | | AR Number | 12. Date | Mo | Da | Yr | 13. Time (24 Hr. Clock) | | | | | | | | | | | |
| [Redacted] | | | | 20837 | | 0 | 1 | 1 | 7 | 0 | 8 | | | | | | | | | |

Mine Citation/Order

4/4/07

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

MSJ
9.11.01



Section I--Violation Data

| | | |
|--|--------------------------------|--|
| 1. Date Mo Da Yr 03/19/2007 | 2. Time (24 Hr. Clock) 1030 | 3. Citation/ Order Number 7265022 |
| 4. Served To BENNIE PRESTLY | | 5. Operator PERFORMANCE COAL COMPANY |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | 7. Mine ID 46-08436 (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The air lock door at the mouth of pumley mains did not form a air lock the inby door was open.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.333(d)(3) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | | |
|--|--|--|---|---|--|--|
| 10. Gravity: | | | | | | |
| A. Injury or illness (has) (is): | | No Likelihood <input type="checkbox"/> | Unlikely <input checked="" type="checkbox"/> | Reasonably Likely <input type="checkbox"/> | Highly Likely <input type="checkbox"/> | Occurred <input type="checkbox"/> |
| B. Injury or illness could reasonably be expected to be: | | No Lost Workdays <input checked="" type="checkbox"/> | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input type="checkbox"/> | Fatal <input type="checkbox"/> | |
| C. Significant and Substantial: | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | D. Number of Persons Affected: 001 | |
| 11. Negligence (check one) | | | | | | |
| A. None <input type="checkbox"/> | | B. Low <input type="checkbox"/> | | C. Moderate <input checked="" type="checkbox"/> | | D. High <input type="checkbox"/> |
| E. Reckless Disregard <input type="checkbox"/> | | | | | | |
| 12. Type of Action 104(a) | | | 13. Type of Issuance (check one) | | | |
| | | | Citation <input checked="" type="checkbox"/> | | Order <input type="checkbox"/> | Safeguard <input type="checkbox"/> |
| 14. Initial Action | | | | E. Citation/ Order Number | | F. Dated Mo Da Yr |
| A. Citation <input type="checkbox"/> | | B. Order <input type="checkbox"/> | | C. Safeguard <input type="checkbox"/> | | D. Written Notice <input type="checkbox"/> |
| 15. Area or Equipment | | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/19/2007 | B. Time (24 Hr. Clock) 1045 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | |
|-------------------------|-------------------------------|
| 17. Action to Terminate | The air lock door was closed. |
|-------------------------|-------------------------------|

| | | |
|----------------|-----------------------------------|--------------------------------|
| 18. Terminated | A. Date Mo Da Yr 03/19/2007 | B. Time (24 Hr. Clock) 1035 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

| | | | |
|---|-----|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) | E01 | 20. Event Number 4116857 | 21. Primary or MIII |
| 22. Signature | | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order

4/30/07

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

MS
3.22.07



Section I--Violation Data

| | | |
|--|---|--|
| 1. Date Mo Da Yr 03/27/2007 | 2. Time (24 Hr. Clock) 0705 | 3. Citation/ Order Number 7265035 |
| 4. Served To RICK HODGE | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |
| 8. Condition or Practice | | 8a. Written Notice (103g) <input type="checkbox"/> |

The operator did not submit a revision to the ventilation plan on mmu 030 section, the no. 1 entry was change from a intake escape way to a return air course entry and the direction of air flow was change in the no. 2 entry from out by to inby air flow making the no. 2 entry the intake escape way.

See Continuation Form (MSHA Form 7000-3a)

| | | | |
|--------------|--|----------------------|--|
| 9. Violation | A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/> | B. Section of Act | C. Part/Section of Title 30 CFR 75.370(a)(1) |
|--------------|--|----------------------|--|

Section II--Inspector's Evaluation

| | | | | | |
|------------------------------|---|--|--|------------------------------------|----------------------|
| 10. Gravity: | A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/> | | | | |
| | B. Injury or illness could reasonably be expected to be: No Lost Workdays <input checked="" type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/> | | | | |
| | C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | D. Number of Persons Affected: 008 | |
| 11. Negligence (check one) | A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/> | | | | |
| 12. Type of Action 104(a) | 13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> | | | | |
| 14. Initial Action | A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> | | | E. Citation/ Order Number | F. Dated Mo Da Yr |
| 15. Area or Equipment | | | | | |

| | | |
|---------------------|-----------------------------------|--------------------------------|
| 16. Termination Due | A. Date Mo Da Yr 03/29/2007 | B. Time (24 Hr. Clock) 0800 |
|---------------------|-----------------------------------|--------------------------------|

Section III--Termination Action

| | | |
|-------------------------|---------------------|------------------------|
| 17. Action to Terminate | | |
| 18. Terminated | A. Date Mo Da Yr | B. Time (24 Hr. Clock) |

Section IV--Automated System Data

| | | |
|--|-----------------------------|------------------------|
| 19. Type of Inspection (activity code) E01 | 20. Event Number 4116857 | 21. Primary or MHI |
| 22. Signat | | 23. AR Number 23703 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order
Continuation

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

AR 3
4-12-7

Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|------------------------------|---|------------------------------|--------------|
| 1. Subsequent Action <input checked="" type="checkbox"/> | 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) | Mo Da Yr 03/27/2007 | 3. Citation/ Order Number | 7265035 - 01 |
| 4. Served To Rick Hodge, Superintendent | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID 46-08436 | | (Contractor) |

Section II--Justification for Action

The revision has been received and approved by the district manager;
therefore, the citation is terminated

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | | | | | |
|-----------------------|-----|------------------|---------|----------------------|------------|-------------------------|------|
| 9. Type of Inspection | E01 | 10. Event Number | 4117121 | | | | |
| | | AR Number | 23644 | 12. Date Mo Da Yr | 04/11/2007 | 13. Time (24 Hr. Clock) | 0730 |

Mine Citation/Order
Continuation

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

MS
1-10-7



Section I--Subsequent Action/Continuation Data

| | | |
|--|---|---|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) 10/30/2006 | 3. Citation/ Order Number 7258448 - 03 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II--Justification for Action

Due to mechanical difficulties and an additional roof fall was found an extension is granted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|--------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr 01/15/2007 | B. Time (24 Hr. Clock) 0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|--------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | | | |
|--|-----------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. Signature  | AR Number 23703 | 12. Date Mo Da Yr 01/09/2007 | 13. Time (24 Hr. Clock) 1420 |

Mine Citation/Order
Continuation

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

MS
1-17-7



Section I--Subsequent Action/Continuation Data

| | | |
|--|--|--|
| 1. Subsequent Action <input checked="" type="checkbox"/> 1a. Continuation <input type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 10/30/2006 | 3. Citation/ Order Number 7258448 - 04 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 (Contractor) | |

Section II--Justification for Action

The roof falls was clean up and supported, timbers was installed in the areas that the mine roof had fallen from around the the roof bolts.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|---------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV--Inspection Data

| | | | |
|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | | |
| 11. S [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 01/16/2007 | 13. Time (24 Hr. Clock) 1030 |

Mine Citation/Order
Continuation

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

M-3
1-10-7



Section I--Subsequent Action/Continuation Data

| | | | | | |
|---|--|---|---|---|--------------|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> | | 2. Dated (Original Issue) Mo Da Yr 10/30/2006 | | 3. Citation/ Order Number 7258453 - 03 | |
| 4. Served To WINDELL WILLS | | | 5. Operator PERFORMANCE COAL COMPANY | | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | | | 7. Mine ID 46-08436 | | (Contractor) |

Section II--Justification for Action

Due to mechanical difficulties and an additional roof fall was found an extension is granted.

See Continuation Form

Section III--Subsequent Action Taken

| | | | | | |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr 01/15/2007 | B. Time (24 Hr. Clock) 0800 | <input type="checkbox"/> C. Vacated | <input type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------------------------|

Section IV--Inspection Data

| | | | | | |
|---------------------------|--------------------|------------------------------------|---------------------------------|--|--|
| 9. Type of Inspection E01 | | 10. Event Number 4116857 | | | |
| 11. [REDACTED] | AR Number 23703 | 12. Date Mo Da Yr 01/09/2007 | 13. Time (24 Hr. Clock) 1415 | | |

Mine Citation/Order
Continuation

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

MS
1-17-7



Section I—Subsequent Action/Continuation Data

| | | |
|--|---|--|
| 1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> | 2. Dated (Original Issue) Mo Da Yr 10/30/2006 | 3. Citation/ Order Number 7258453 - 04 |
| 4. Served To WINDELL WILLS | 5. Operator PERFORMANCE COAL COMPANY | |
| 6. Mine UPPER BIG BRANCH MINE-SOUTH | 7. Mine ID 46-08436 | (Contractor) |

Section II—Justification for Action

The roof fall was clean up and supported, enabling the intake split to be travel in its entirety.

See Continuation Form

Section III—Subsequent Action Taken

| | | | | | |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|
| 8. Extended To | A. Date Mo Da Yr | B. Time (24 Hr. Clock) | <input type="checkbox"/> C. Vacated | <input checked="" type="checkbox"/> D. Terminated | <input type="checkbox"/> E. Modified |
|----------------|------------------|------------------------|-------------------------------------|---|--------------------------------------|

Section IV—Inspection Data

| | | |
|------------------------------|---------------------------------|---------------------------------|
| 9. Type of Inspection E01 | 10. Event Number 4116857 | |
| 11. [Redacted] Number 703 | 12. Date Mo Da Yr 01/16/2007 | 13. Time (24 Hr. Clock) 1035 |

Plan Review

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



1. MSHA Office 0401 - Mt. Hope, WV

2. Mine ID 46-08436

3. Mine Name

UPPER BIG BRANCH MINE-SOUTH

4. Company Name

PERFORMANCE COAL COMPANY

Roof Control

Adequate Deficiencies in Plan (Briefly Describe)

The roof control plan appears to adequate, no roof falls have been reported on either of the working section.

Ventilation

Adequate Deficiencies in Plan (Briefly Describe)

The ventilation plan is adequate at this mine, adequate flow of air is being deliver to each working section and the bleeder system is working adequate, the old long wall panels are being seal off.

8-28-7

Date

Ray T. Sande

Supervisor Signature

3-29-7

Date

Mine Safety and Health Administration

Coal Inspection Tracking Report



Mine ID: 46-08436

Company Name: PERFORMANCE COAL COMPANY

Mine Name: UPPER BIG BRANCH MINE-SOUTH

Activity Code: E01

Event Number: 4116857

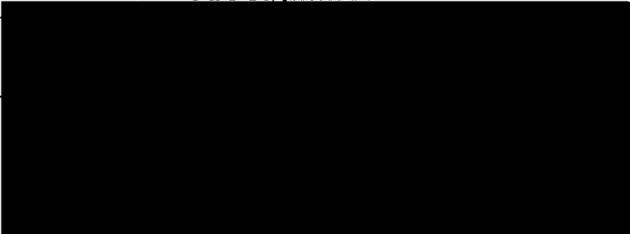
Mining Height (inches): 58

Number Employees: 69

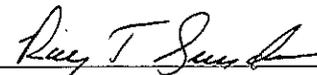
Number Production Shifts: 2

Number Maintenance Shifts: 1

The undersigned certify by signature that they have completed the minimum requirements as defined by the inspection procedures listed within this tracking system and the Coal General Inspection Procedures Handbook. All AR's who participated in this inspection event must sign this cover sheet and initial each report page where their AR number indicates participation on this investigation or inspection activity.

| AR Signature | AR # | Date |
|---|-------|-----------|
|  | 23703 | 3/28/2007 |
| | 24232 | 3/28/2007 |
| | 23879 | 3/28/2007 |

The undersigned supervisor certifies that the documentation contained in this set of Inspection Tracking reports indicates that the minimum requirements for this event have been completed. Each report page must also be initialed to certify review.



Reviewing Supervisor Signature

03/29/07

Date



MineID: 4608436 Event Number: 4116857 Activity Code: E01 Inspector(s) Initials: [REDACTED] Supervisor Initials: MS

Coal Inspection Tracking System

General

Advised of Conference Procedures (Miner Rep)

Required= No

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

Advised of Conference Procedures (Operator)

Required= Yes

Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector.

| Date | AR # | | Shift | Complete |
|----------|-------|---------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | WENDELL WILLS | 2 | <input checked="" type="checkbox"/> |

Check In And Out System

Required= Yes

The inspector determined the system being used at the mine complied with 30 CFR 75.1715.

| Date | AR # | | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | mine office | 2 | <input checked="" type="checkbox"/> |

First Day Arrival In Advance Of Starting Time

Required= Yes

The inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books, and an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made. If a physical inspection of the mine did not begin on the first day of a regular inspection MSHA supervision or management was informed prior to the inspector leaving mine property.

| Date | AR # | | Shift | Complete |
|----------|-------|--|-------|-------------------------------------|
| 2/7/2007 | 23703 | | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials:

Coal Inspection Tracking System

General

Independent Contractors

Required= No

All independent contractors encountered were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

Interim Conference

Required= Yes

When daily conferences were not possible, regularly scheduled interim conferences were conducted. These conferences provided an overview of the inspection activities and an opportunity for the operator and miners' representatives to express any concerns.

| Date | AR # | Shift | Complete |
|-----------|-------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

Mine Map Reviewed (First Day For Hazards)

Required= Yes

The inspector, prior to going underground on the first day of the inspection, studied the mine map for consistency with approved mining methods, mining in proximity to worked-out areas, oil and gas wells, fuel transmission lines, bodies of water that could present an underground flood hazard, mines located adjacent to, above and below active workings, and any danger that surface mining may present to underground miners.

| Date | AR # | Shift | Complete |
|----------|-------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

Notification of Inspection (Miner Representative)

Required= No

On the first day of the inspection, the inspector notified the miner representative of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

Notification of Inspection (Operator)

Required= Yes

On the first day of the inspection, the inspector notified the operator of the type of inspection to be conducted and scheduled a time for a pre-inspection conference. On subsequent days of the inspection, the inspector notified the representative of the continuing inspection and afforded them the opportunity to exercise their rights under 103(f) of the Mine Act.

| Date | AR # | Inspector | Shift | Complete |
|----------|-------|---------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | WENDELL WILLS | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) In



Supervisor Initials: MS

Coal Inspection Tracking System

General

Observed Man-trips In And Out Of Mine

Required= Yes

The inspector evaluated mantrip operating practices for safety by observing at least one mantrip in and out of the mine.

| Date | AR # | Shift | Complete |
|----------|-------|-------|-------------------------------------|
| 2/7/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

Post-Inspection Conference

Required= Yes

The inspector scheduled and held a post-inspection conference with the mine operator and miners representative (where applicable). The conference included a summary of all enforcement actions (including root causes) and any observations concerning conditions or practices. Accidents at the mine and any samples or surveys taken during the inspection were discussed.

| Date | AR # | Shift | Complete |
|-----------|-------|-------|-------------------------------------|
| 3/28/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

Pre-Inspection Conference

Required= Yes

The inspector scheduled and held a pre-inspection conference with both the mine operator and miners representative (where applicable). The conference was conducted on or soon after the first day of inspection and covered enforcement actions, the accident history at the mine, a comparison to the national accident incident rates, and results of pertinent samples or surveys taken during previous inspections.

| Date | AR # | Shift | Complete |
|-----------|-------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 1 | <input checked="" type="checkbox"/> |

Travel with Mine Examiner - On-shift

Required= Yes

The inspector accompanied at least one mine examiner during a required on-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

| Date | AR # | Shift | Complete |
|-----------|-------|-------|-------------------------------------|
| 1/30/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:

AK

Supervisor Initials:

MS

Coal Inspection Tracking System

General

Travel With Mine Examiner - Preshift

Required= Yes

The inspector accompanied at least one mine examiner during a required pre-shift examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

| Date | AR # | Shift | Complete |
|-----------|-------|-------|-------------------------------------|
| 2/25/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

Travel With Mine Examiner - Weekly

Required= Yes

The inspector accompanied at least one mine examiner during a required weekly examination of the mine to detect any unsafe practices and determine that adequate examinations were being conducted.

| Date | AR # | Shift | Complete |
|----------|-------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |

Uniform Mine File Reviewed

Required= Yes

The inspector reviewed the Uniform Mine File (UMF) just prior to conducting the inspection. The type of event and the area to be inspected dictated the extent of the review per Uniform Mine File Procedures Handbook.

| Date | AR # | Shift | Complete |
|----------|-------|-------|-------------------------------------|
| 1/8/2007 | 23703 | 2 | <input checked="" type="checkbox"/> |



MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: RT

Coal Inspection Tracking System

Records

All Required Noise Exposure Records (Reviewed)

The inspector determined if the operator was maintaining applicable records required by 30 CFR Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

ATRS Certification (Available)

The inspector determined if the operator had available a certification, by a registered engineer for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as required by 30 CFR 75.209(e)(1) and 75.209(e)(2).

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Canopies And Cabs; Self-Propelled Equipment

The inspector evaluated compliance with 30 CFR 75.1710-1(e) by determining if the operator had evidence of certification by a registered engineer for each canopy or cab system at the mine, stating that it met the required structural capacity.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Certifications And Records Of Daily Hoist

The operator's compliance with recording required examinations required by 30 CFR 75.1400-4 & 77.1404 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

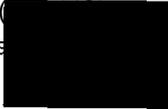
Required= No

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: pt

Coal Inspection Tracking System

Records

Clean Up Program

Required= Yes

The inspector reviewed the cleanup program required by 75.400-2 and determined if it was available in written form.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Daily And Monthly Examination Of Ventilation Fans

Required= Yes

The operator's compliance with recording required examinations required by 30 CFR 75.312 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Daily Examination Of Hoist Shaft Sinking

Required= No

The operator's compliance with recording required examinations required by 30 CFR 77.1906 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Daily Inspection of Active Areas (Surface Mine)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1713 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Exhaust Gas Records (Exceeding The TLV)

Required= No

The operator's compliance with recording Diesel Engine Performance examinations required by 30 CFR 75.1914(g)(5) was evaluated. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Diesel Training And Qualification List

Required= No

The inspector determined if the operator was maintaining records required by 30 CFR Part 75.1915(c).

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: abc

Supervisor Initials: rsj

Coal Inspection Tracking System

Records

Electrical Map (Reviewed)

Required= Yes

The inspector reviewed the map of the electrical system required by 30 CFR 75.508 and interviewed the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the inspection.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Emergency Medical Assistance Review

Required= Yes

The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Evaluate The Approved Mine Ventilation Plan

Required= Yes

The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Evaluate The Approved Roof Control Plan

Required= Yes

The inspector reviewed the operators currently approved roof control plan required by 75.220(a)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Examinations Of Impoundments

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.216-3 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: MS

Coal Inspection Tracking System

Records

Fire Doors

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1708 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

Fire Suppression Systems/Permanent Diesel Storage

Required= No

The operator's compliance with recording examinations required by 75.1911 and 75.1912 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations were recorded.

First-Aid Training Supervisory Employees

Required= Yes

The inspector reviewed MSHA 5000-23 forms at the mine sufficient to determine if training was provided in accordance with 30 CFR 75.1713-3. A representative number of supervisors were polled to determine the quality of the training.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Hazardous Conditions Postings And Corrections

Required= Yes

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 2/27/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

High Voltage Longwall Equipment

Required= No

The operator's compliance with recording of examinations required by 30 CFR 75.821 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Independent Contractor Register

Required= Yes

The inspector reviewed the production operator's independent contractor register required by 30 CFR 45.4(b). Any new data or updates to MSHA's Contractor Database were noted and submitted on MSHA Form 2000-205.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 2/27/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initial



Supervisor Initials:

RS

Coal Inspection Tracking System

Records

Inspection And Test Of Automatic Fire Sensors

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-8 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 2/12/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Maintenance Record Diesel Engine Performance

Required= No

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Methane Monitor Calibration Test

Required= Yes

The operator's compliance with recording tests required by 30 CFR 75.342(a)(4) was evaluated by reviewing prior records back to the ending date of the last regular safety and health inspection and by polling miners.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Mine Emergency Evacuation and FF Program

Required= Yes

The inspector reviewed mine evacuation drills records required by 30 CFR 75.1502(c)(2) to determine if all miners on all shifts have participated at intervals of not more than 90 days. The effectiveness of the program was evaluated by polling miners on their participation and familiarity with the program.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/16/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Mine Map (Reviewed)

Required= Yes

The inspector reviewed the up-to-date mine map required by 30 CFR 75.1200 relative to approved mining methods and gave special attention concerning ventilation controls, air-flow direction and required temporary notations to determine its accuracy.

| Date | AR # | Record For | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: ut^s

Coal Inspection Tracking System

Records

Monthly Examination Of Surface Electrical Equip

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.502 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Monthly Examination Of Surface HV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.800-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Monthly Examination Of Surface LMV Circuits

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 77.900-2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Monthly Testing Of UG High Voltage CB

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.800-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: ()

Supervisor Initials: MS

Coal Inspection Tracking System

Records

Monthly Testing Of UG Low And Medium Voltage CB

Required= Yes

The operator's compliance with examinations required by 30 CFR 75.900-4 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Movement of HV Power Centers and Transformers

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.812 was evaluated by comparing information recorded in the record book with on site observations and information obtained during discussions with the miners and the mine operator.

Noise Program (Reviewed) (Surface)

Required= No

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

Noise Program (Reviewed) (Underground)

Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Operator's Respirable Dust Program (Sur)

Required= No

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made of surface locations, miners were polled, and respirable dust samples collected pursuant to current Coal Mine Health Inspection Procedures Handbook.

Operator's Respirable Dust Program (UG)

Required= Yes

The inspector reviewed records required by the respirable dust control portion of the mine ventilation plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials

Supervisor Initials: RTJ

Coal Inspection Tracking System

Records

Part 47 Hazcom Records

The inspector reviewed the written HazCom program, material safety data sheets, and chemical inventory.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Part 48 Training Records (5000-23 Forms)

The inspector reviewed MSHA 5000-23 forms sufficient to determine if required training was provided and discussed the contents of the training with a representative number of workers to evaluate the quality of the training.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 3/15/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Part 49 Training Records (Mine Rescue Teams)

The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and discussed the contents of the training with mine rescue team members to evaluate the quality of the training.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | Entire Mine | 1 | <input checked="" type="checkbox"/> |

Part 50 Records (7000-1 and 7000-2 Forms)

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 2/27/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Petitions For Modifications Granted For Mine

The inspector reviewed petitions for modifications to determine if circumstances under which they were granted were still valid, if they were posted on the mine bulletin board per 30 CFR 44.5(b), and if current petitions are posted per 30 CFR 44.9.

Required= No

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

RS

Coal Inspection Tracking System

Records

Preshift & On-Shift Examination

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.360 & 75.362 were evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| | | <i>belt book</i> | | |
| 1/16/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| | | <i>belt book</i> | | |
| 1/22/2007 | 23703 | Entire Mine | 1 | <input checked="" type="checkbox"/> |
| 1/30/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 2/7/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 2/12/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 2/20/2007 | 23703 | Entire Mine | 3 | <input checked="" type="checkbox"/> |
| 2/21/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 3/15/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 3/19/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) [REDACTED]

Supervisor Initials: MS

Coal Inspection Tracking System

Records

Preshift & On-Shift Examination (Slope & Shafts)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1901 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Record Of AMS Alarm Activation

Required= Yes

The AMS signal device or alarm activation records were reviewed back to the ending date of the last regular safety and health inspection to evaluate compliance with 30 CFR 75.351(o).

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 2/25/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Record Of Certified And Qualified Persons Surface

Required= No

The inspector reviewed and compared the qualification list required by 30 CFR 75.159 and 77.106 with copies of individual training records.

Record Of Certified And Qualified Persons UG

Required= Yes

The inspector reviewed and compared the qualification list with copies of individual training records.

| Date | AR # | Record For | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 2/6/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Record Of Inspections For Thermal Dryers

Required= No

Thermal dryer control instrument records were reviewed to evaluate compliance with 30 CFR 77.314.

Recorded Measurements For Initial Rope Stretch

Required= No

The inspector reviewed the record book and determined if the results of all required measurements were recorded.

Required Hoist Rope Tests

Required= No

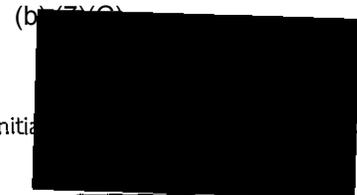
The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: HT

Coal Inspection Tracking System

Records

Respirable Dust Control Plan (Posted)

The inspector reviewed records required by the current respirable dust control plan and analysis reports of operator's respirable dust samples to determine if they were maintained and posted as required by 30 CFR 71.210(b) and 71.301(d)..

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 2/6/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Roof Bolt Manufacturer's Certification (Available)

The inspector determined if the operator has available a certification per 30 CFR 75.204(a) stating that the roof bolts used at the mine were manufactured in accordance with the specifications of ASTM F432-95.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Roof Bolt Torque Measurements Recorded

The operator's compliance with recording required examinations was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Roof Control Plan (Available)

The inspector determined if the current roof control plan per per 30 CFR 75.220(e) was available to the miners and representative of miners at the mine.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Self-Rescue Devices (Records)

The inspector reviewed the records and determined if the results of all required tests were recorded per 30 CFR 75.1714-3(e). If possible, the inspector determined if the operator followed the manufacturer's test procedures.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | Entire Mine | 1 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

MS

Coal Inspection Tracking System

Records

Smokers Articles (Program)

Required= Yes

The inspector reviewed any records required by the Smoking Program approved under 30 CFR 75.1702 . The inspector compared the records with information obtained from polling the miners and observing the operator implementing the requirements of the Smoking Program.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Surface Bathhouse Waiver (Posted)

Required= No

The inspector determined if the operator posted the current surface bathhouse waiver per 30 CFR 71.403(c)..

Surface Safety Program Instruction (Posted)

Required= No

The inspector determined if the operator maintained a Safety Program of Instruction and posted it in conspicuous places throughout the mine pursuant to 30 CFR 77.1708.

Test Of Hoist Safety Catches

Required= No

The operator's compliance with recording examinations required by 30 CFR 75.1400-2 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Tests Of Fire Hydrants And Fire Hose

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.1103-11 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 2/6/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Trolley Overcurrent Protection Tests/Examinations

Required= No

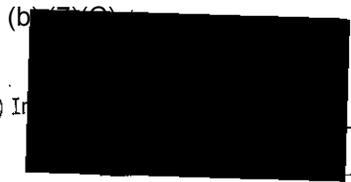
The operator's compliance with recording examinations required by 30 CFR 75.1001-1 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) In



Supervisor Initials: LS

Coal Inspection Tracking System

Records

Ventilation Plan (Posted)

The inspector determined if proposed and current ventilation plans or revisions were posted on the mine bulletin board as required by 30 CFR 75.370(a)(3)(iii) and 75.370(f)(3).

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 2/6/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Weekly Examination For Methane And Hazards

The operator's compliance with recording examinations required by 30 CFR 75.364 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

Weekly Examination Record Of Diesel Equipment

The operator's compliance with recording examinations required by 30 CFR 75.1914(f)(2) was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Required= No

Weekly Inspection Of Fire Suppression Devices

The operator's compliance with recording examinations required by 30 CFR 75.1107-16 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Required= Yes

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 2/12/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Initials: MS

Coal Inspection Tracking System

Records

Weekly Tests Of Underground Electrical Equipment

Required= Yes

The operator's compliance with recording examinations required by 30 CFR 75.512 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |

X-Ray Plan

Required= Yes

The inspector reviewed and compared the X-Ray Plan agreement with the information posted at the mine.

| Date | AR # | Record For | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/16/2007 | 23703 | Entire Mine | 2 | <input checked="" type="checkbox"/> |



MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: MS

Coal Inspection Tracking System

Surface

Aerial Tramways
Required= No

An inspection was conducted of all aerial tramways for existing and potential hazards, including: structure condition, guarding, accumulations, lighting, electrical installation, and fire protection.

All Shifts (Surface)
Required= No

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

Auger Openings
Required= No

Auger openings were inspected for potential hazards.

Blasting Practices (Surface)
Required= No

An inspection was conducted of all areas where explosives were being used on mine property, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Coal Stock Pile
Required= No

Coal stockpiles were inspected for potential hazards such as fires or persons working in close proximity to active underground feeders.

Communications Installations
Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lighting protection, proper operation, and safe access.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|-------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | mine office | 2 | <input checked="" type="checkbox"/> |

Draw-Off Tunnels
Required= No

An inspection was conducted of draw-off tunnels for existing and potential hazards, such as fire hazards, accumulations, and inadequate escapeways, air quality, guarding, and ventilation.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s):



MS

Coal Inspection Tracking System

Surface

Drilling Practices

Required= No

An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition, accumulation of combustible materials, fire protection, and noise and respirable dust controls.

Dumping Facilities

Required= No

An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.

Electrical Installation

Required= Yes

An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------------------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | north portal substation | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: MS

Coal Inspection Tracking System

Surface

Equipment

Required= Yes

An inspection was conducted of each piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards, including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

| Date | AR # | Location | | | | Shift | Complete |
|-----------|-------|--------------------|-----------------------|------------------|-------------------|-------|-------------------------------------|
| 1/10/2007 | 23703 | charger barn/shop | Caterpillar | Front End Loader | 966H | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | JARRELL BRANCH FAN | Other Type Not Listed | Battery Charger | no. 11 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 10 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 8 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 7 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 6 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 5 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 4 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no.2 charger barn | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | charger barn/shop | Other Type Not Listed | Battery Charger | no. 1 | 2 | <input checked="" type="checkbox"/> |

Escapeways

Required= No

An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.

Explosives Storage

Required= No

An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: 

Inspector Initials: MT

Coal Inspection Tracking System

Surface

Fire Fighting Equipment Surface

Required= No

An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.

Fuel Storage

Required= No

An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.

Ground Control

Required= No

The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.

Haulage Facilities (Including Belts)

Required= No

An inspection was conducted of each haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.

High Walls And Spoil Banks

Required= No

An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.

Hoisting Equipment

Required= No

An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

Illumination Of Work Areas

Required= No

An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.

Methane Tests In Required Locations (Surface)

Required= No

The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.

Non-Major Construction Sites

Required= No

All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [Redacted]

Supervisor Initials: KA

Coal Inspection Tracking System

Surface

Other Places Where Miners Work Or Travel

Required= No

Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.

Potable Water (Surface)

Required= No

The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.

Preparation Plant

Required= No

An inspection was conducted of all preparation plants for compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, and safe access.

Refuse Pile And Impoundments

Required= No

The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.

Safety Talks With Surface Crews

Required= No

The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Sanitary Facilities (Bathhouse)

Required= Yes

An inspection was conducted of all sanitary facilities for compliance with applicable standards, including attention to: location, structure, cleanness, safe access, and compliance with a bathing facilities waiver.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|-------------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | charger barn/shop | 2 | <input checked="" type="checkbox"/> |

Shop

Required= Yes

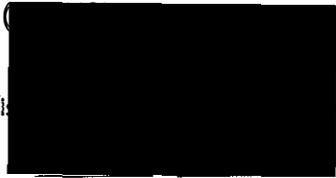
An inspection was conducted of all shops to determine compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|-------------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | charger barn/shop | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: 

Supervisor Initials: MT

Coal Inspection Tracking System

Surface

Surface First Aid Kit

Required= Yes

An inspection was conducted of all surface first-aid kits.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|-------------------|-------|-------------------------------------|
| 1/22/2007 | 23703 | charger barn/shop | 2 | <input checked="" type="checkbox"/> |

Thermal Dryer

Required= No

An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, safety devices, and safe access.

Travelways And Active Roadways

Required= No

An inspection was conducted of all travelways and active roadways for compliance with applicable standards, including attention to: road grades and design, visibility, and traffic control.

Ventilation Facilities

Required= Yes

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|-------------------------|-------|-------------------------------------|
| 1/16/2007 | 23703 | MINE FAN AT MINE OFFICE | 2 | <input checked="" type="checkbox"/> |
| 3/15/2007 | 23703 | JARRELL BRANCH FAN | 2 | <input checked="" type="checkbox"/> |



MineID: 4608436

Event Number: 4116857

Inspector(s) In

Supervisor Initials: KS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

| Date | Time | Shift | AR# | Measurement Location | Velocity | Quantity | O2 | CH4 | CO | NO2 | TL Sample | Bottle # |
|-----------|-------|-------|-------|--|----------|----------|------|------|-----|-----|-------------------------------------|----------|
| 1/9/2007 | 8:35 | 2 | 23703 | #4 entry Main intake | 3085 | 302,330 | 0.0 | 20.8 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/9/2007 | 8:40 | 2 | 23703 | #5 Main Intake | 1375 | 137,500 | 20.5 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/9/2007 | 8:45 | 2 | 23703 | #6 Main Intake | 945 | 92,610 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/9/2007 | 9:25 | 2 | 23703 | Intake regulator at mouth of 030 section | 1855 | 85,330 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/9/2007 | 10:00 | 2 | 23703 | lob | 145 | 20,300 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/10/2007 | 12:30 | 2 | 23703 | #5 drift | 1170 | 64,350 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | P5571 |
| 1/10/2007 | 12:35 | 2 | 23703 | EP 59 | 738 | 64,944 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/16/2007 | 8:45 | 2 | 23703 | NO. 1 DRIFT SOUTH | 1000 | 4,250 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | P5573 |
| 1/22/2007 | 12:00 | 2 | 23703 | NO. 3 DRIFT NORTH; | 95 | 6,840 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | P5530 |
| 1/22/2007 | 12:05 | 2 | 23703 | NO. 2 DRIFT NORTH | 198 | 32,076 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | P5515 |
| 1/30/2007 | 10:55 | 2 | 23703 | return split for mmu 009 | 820 | 107,100 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |

MineID: 4608436

Event Number: 4116857

Inspector(s) Initial



Supervisor Initials:

MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

| Date | Time | Shift | AR# | Measurement Location | Velocity | Quantity | O2 | CH4 | CO | NO2 | TL Sample | Bottle # |
|-----------|-------|-------|-------|-----------------------------|----------|----------|------|-----|-----|-----|--------------------------|----------|
| 1/31/2007 | 10:55 | 2 | 23703 | return split for mmu 009-0 | 820 | 107,100 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 2/6/2007 | 11:00 | 2 | 23703 | lob mmu 009 section is idle | 215 | 24,510 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |

MineID: 4608436

Event Number: 4116857

Inspector(s)



Supervisor Initials:

MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

| Date | Time | Shift | AR# | Measurement Location | Velocity | Quantity | O2 | CH4 | CO | NO2 | TL Sample | Bottle # |
|-----------|-------|-------|-------|-------------------------------|----------|----------|------|-----|-----|-----|-------------------------------------|----------|
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | | 2 | 23703 | | | | | | | | <input type="checkbox"/> | |
| 2/7/2007 | 10:30 | 2 | 23703 | ep 30 | 1820 | 1,820 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 2/12/2007 | 9:40 | 2 | 23703 | no. 2 drift east main portal | 125 | 23,750 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7563 |
| 2/12/2007 | 9:45 | 2 | 23703 | no. 3 drift east mains portal | 170 | 16,320 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7562 |

MineID: 4608436

Event Number: 4116857

Inspector(s)



Supervisor Initials:

MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

| Date | Time | Shift | AR# | Measurement Location | Velocity | Quantity | O2 | CH4 | CO | NO2 | TL Sample | Bottle # |
|-----------|-------|-------|-------|-------------------------------|----------|----------|------|-----|-----|-----|-------------------------------------|----------|
| 2/12/2007 | 9:50 | 2 | 23703 | no. 4 drift east mains portal | 115 | 10,500 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7581 |
| 2/12/2007 | 9:55 | 2 | 23703 | no. 1 drift east portal | 540 | 44,550 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7571 |
| 2/20/2007 | 16:15 | 3 | 23703 | lob mmu 041 | 64 | 9,600 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 2/21/2007 | 8:45 | 2 | 23703 | no. 2 drift so. | 65 | 9,360 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7582 |
| 2/21/2007 | 9:20 | 2 | 23703 | ep 20 | 465 | 22,800 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 2/25/2007 | 8:30 | 2 | 23703 | no. 1 drift so. | 46 | 6,624 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7572 |
| 2/25/2007 | 8:35 | 2 | 23703 | no. 3 drift so. | 165 | 23,100 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7514 |
| 2/25/2007 | 8:40 | 2 | 23703 | no. 5 drift so. | 185 | 19,240 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | p7522 |
| 2/25/2007 | 10:00 | 2 | 23703 | return split for mmu 041 | 195 | 63,337 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 2/25/2007 | 10:05 | 2 | 23703 | return split for 030 | 150 | 21,000 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/14/2007 | 8:45 | 2 | 23703 | ep 50 | 5788 | 8,682 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/14/2007 | 8:50 | 2 | 23703 | ep 56 | 1050 | 4,798 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/14/2007 | 9:00 | 2 | 23703 | ep 55 | 1020 | 9,604 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |

MineID: 4608436

Event Number: 4116857

Inspector(s) Initials



Supervisor Initials:

MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

| Date | Time | Shift | AR# | Measurement Location | Velocity | Quantity | O2 | CH4 | CO | NO2 | TL Sample | Bottle # |
|-----------|-------|-------|-------|-------------------------|----------|----------|------|-----|-----|-----|-------------------------------------|----------|
| 3/14/2007 | 9:20 | 2 | 23703 | ep 57 | 1177 | 3,766 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/14/2007 | 9:30 | 2 | 23703 | ep 43 | 1120 | 8,255 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/14/2007 | 9:50 | 2 | 23703 | top end of head gate 18 | 185 | 33,300 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/15/2007 | 11:15 | 2 | 23703 | JARRELL BRANCH FAN | 3515 | 447,002 | 20.8 | 0.0 | 0.0 | 0.0 | <input checked="" type="checkbox"/> | N3302 |



MineID: 4608436 Event Number: 4116857

Inspector(s) Initials: [REDACTED] Supervisor Initials: MS

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

| Date | Time | Shift | AR# | Measurement Location | Velocity | Quantity | O2 | CH4 | CO | NO2 | TL Sample | Bottle # |
|-----------|-------|-------|-------|------------------------|----------|----------|------|-----|-----|-----|--------------------------|----------|
| 1/16/2007 | 9:20 | 2 | 24232 | EP #58 | 4320 | 3,456 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/16/2007 | 9:30 | 2 | 24232 | #2 Panel | 745 | 745 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/16/2007 | 9:35 | 2 | 24232 | EP#54 | 810 | 6,318 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/16/2007 | 9:40 | 2 | 24232 | EP#53 | 300 | 540 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 1/16/2007 | 10:00 | 2 | 24232 | EP#52 | 320 | 45,760 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/6/2007 | 10:00 | 2 | 24232 | #5 Entry-SS#21074 | 460 | 9,660 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/12/2007 | 1:30 | 1 | 24232 | #2 Entry-Inby ss#21082 | 374 | 7,854 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |
| 3/12/2007 | 1:40 | 1 | 24232 | #3 Entry-Inby ss#21082 | 265 | 5,565 | 20.8 | 0.0 | 0.0 | 0.0 | <input type="checkbox"/> | |



MineID: 4608436 Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [Redacted]

Supervisor Initials: [Redacted]

Coal Inspection Tracking System

Underground MMU Inspection Progress - All MMU's for this Mine ID and Event

Air Measurements Taken
 Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

| Date | AR # | Location | Shift | Complete |
|----------|-------|---------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 lob 20,300 | 2 | <input checked="" type="checkbox"/> |

All Shifts (Working Section)
 Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|--------------------------------------|-------|-------------------------------------|
| 2/20/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 23703 | 041-0 [Redacted] checked section, | 2 | <input checked="" type="checkbox"/> |

Blasting Practices (Working Section)
 Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.

Boreholes In Advance Of Mining
 Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

Communication Installations Checked
 Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on the active working section were inspected to determine if imminent dangers existed.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s)



Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 1 | <input checked="" type="checkbox"/> |

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

| Date | AR # | Location | Shift | Complete |
|----------|-------|------------------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 2 breaks inby spad #20953 | 2 | <input checked="" type="checkbox"/> |

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on the working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) [REDACTED]

Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Observed Haulage Practices

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

Required= Yes

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Potable Water (Working Section)

The inspector determined if potable water was available. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

Required= Yes

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Required Ventilation Controls Adequate

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

Required= Yes

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Rock Dust Applications Checked

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

Required= Yes

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Rock Dust Survey Taken

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

Required= Yes

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) I



S: 147

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

| Date | AR # | Location | | | | Shift | Complete |
|-----------|-------|----------|--|---------------------------|--------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | no. 4918 LT. | 2 | <input type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Stamler | Feeder | no1 feeder 030 section | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Other Type Not Listed | Transformer | section power center 030 | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Other Type Not Listed | Battery Charger | #2 section scoop charger | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Other Type Not Listed | Battery Charger | #1 section scoop charger | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Fletcher | Roof Bolting Machine | no. 203058 LT. | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | no. 17203 LT. | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Fairchild | Scoop | no. T39224/no. 2 | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Fairchild | Scoop | no. T39-231/no. 1 | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | no. 17505 RT. | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | no. 17504 center | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Fletcher | Roof Bolting Machine | no. 204328 RT. | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) In



Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

| | | | | | | | |
|-----------|-------|-------|--|---------------------------|--------------|---|-------------------------------------|
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | no. 4918 LT. | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | no. 5811 RT. | 2 | <input checked="" type="checkbox"/> |

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 1 | <input checked="" type="checkbox"/> |



MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [Redacted]

Supervisor Initials: *MS*

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Air Measurements Taken

Required= Yes

The inspector measured air quantity at locations required on working sections in the Coal General Inspection Procedure Handbook.

| Date | AR # | Location | Shift | Complete |
|----------|-------|---------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 lob 20,300 | 2 | <input checked="" type="checkbox"/> |

All Shifts (Working Section)

Required= Yes

The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|--------------------------------------|-------|-------------------------------------|
| 2/20/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 23703 | 041-0 [Redacted] checked section, | 2 | <input checked="" type="checkbox"/> |

Blasting Practices (Working Section)

Required= No

An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATP forms.

Boreholes In Advance Of Mining

Required= No

The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.

Communication Installations Checked

Required= Yes

An inspection was conducted of all communication installations for compliance with applicable standards, including attention to: grounding, insulation, lightning protection, proper operation, and safe access.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Compliance Of Dust Control Parameters

Required= Yes

Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.

Compliance With Hearing Conservation Plans

Required= Yes

The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Dates, Times, and Initials

Required= Yes

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Escapeway Map

Required= Yes

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Face Areas Inspected (For Imminent Dangers)

Required= Yes

All the working places on the active working section were inspected to determine if imminent dangers existed.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:

(b) (7)(C)



Supervisor Initials:

LF

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Fire Protection Checked

Required= Yes

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

First-Aid Equipment Checked

Required= Yes

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 1 | <input checked="" type="checkbox"/> |

Gas Test Documented Or Statements Of Abnormalities

Required= Yes

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

| Date | AR # | Location | Shift | Complete |
|----------|-------|------------------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 2 breaks inby spad #20953 | 2 | <input checked="" type="checkbox"/> |

Mining Cycle Observed And Method Listed

Required= Yes

The inspector observed the complete mining cycle on the working section; including the loading and detonation of explosives on conventional working sections or mines that blast from the solid.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Observed Haulage Practices

Required= Yes

The inspector observed haulage practices to determine compliance with applicable standards and evaluate work practices for health and safety.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Potable Water (Working Section)

Required= Yes

The inspector determined if potable water was available. This evaluation included information obtained from the miners and the operator concerning availability of potable water.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Required Ventilation Controls Adequate

Required= Yes

Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Rock Dust Applications Checked

Required= Yes

The inspector examined the working section and determined if rock dust application was adequate. Spot samples were collected where compliance could not be clearly determined by visual observation.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Rock Dust Survey Taken

Required= Yes

The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: MS

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Roof & Ribs Evaluated

Required= Yes

The inspector observed roof and rib conditions on each active working section to determine compliance with applicable standards, including attention to: roof control failures, roof control plan requirements, and information obtained from the miners installing the roof supports and the mine operator.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Safety Talks With Miners

Required= Yes

The inspector held safety discussions with miners on the section, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

Sanitary Facilities

Required= Yes

An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanliness.

| Date | AR # | Location | Shift | Complete |
|----------|-------|----------|-------|-------------------------------------|
| 1/9/2007 | 23703 | 030-0 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: ([REDACTED])

Supervisor Initials: WIT

Coal Inspection Tracking System

Underground MMU*Inspection Progress - All MMU's for this Mine ID and Event***Dates, Times, and Initials***Required= Yes*

The inspector examined all faces on each working section and determined if the mine examiner had certified with dates, times and initials that the required examinations were conducted.

| Date | AR # | Location | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 3/6/2007 | 24232 | 040-0 041-0 | 2 | <input checked="" type="checkbox"/> |

Escapeway Map*Required= Yes*

The inspector determined if an up-to-date escapeway map was maintained on each working section. Discussions were conducted with the miners to determine if they were familiar with the map location, the designated escape routes, and evacuation procedures.

Face Areas Inspected (For Imminent Dangers)*Required= Yes*

All the working places on the active working section were inspected to determine if imminent dangers existed.

| Date | AR # | Location | Shift | Complete |
|----------|-------|-------------|-------|-------------------------------------|
| 3/6/2007 | 24232 | 040-0 041-0 | 2 | <input checked="" type="checkbox"/> |

Fire Protection Checked*Required= Yes*

All fire fighting equipment available for use on the section was inspected for compliance with applicable standards, including attention to: equipment maintenance, placement for safe access, inspection record, and adequate capacity.

First-Aid Equipment Checked*Required= Yes*

An inspection was conducted of all underground first-aid kits for compliance with applicable standards.

Gas Test Documented Or Statements Of Abnormalities*Required= Yes*

The inspector tested air quality at locations required on working sections in the Coal General Inspection Procedure Handbook.

Location Of Last Open Crosscut*Required= Yes*

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|--|-------|-------------------------------------|
| 3/12/2007 | 24232 | 040-0 041-0 1 Crosscut inby SS#21082 is LOC | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [REDACTED]Supervisor Initials: LT

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

| Date | AR # | Location | | | | Shift | Complete |
|-----------|-------|-------------|--|----------------------------|-------------|-------|-------------------------------------|
| 3/6/2007 | 24232 | 040-0 041-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | ET-17056 | 2 | <input checked="" type="checkbox"/> |
| 3/6/2007 | 24232 | 040-0 041-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | ET-17020 | 2 | <input checked="" type="checkbox"/> |
| 3/6/2007 | 24232 | 040-0 041-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | Et-16880 | 2 | <input checked="" type="checkbox"/> |
| 3/6/2007 | 24232 | 040-0 041-0 | Fletcher | Roof Bolting Machine | 2005325 | 2 | <input checked="" type="checkbox"/> |
| 3/6/2007 | 24232 | 040-0 041-0 | Fletcher | Roof Bolting Machine | 2003339 | 2 | <input checked="" type="checkbox"/> |
| 3/6/2007 | 24232 | 040-0 041-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | JM-5633 | 2 | <input checked="" type="checkbox"/> |
| 3/6/2007 | 24232 | 040-0 041-0 | Stamler | Feeder | 13283 | 2 | <input checked="" type="checkbox"/> |
| 3/7/2007 | 24232 | 040-0 041-0 | Other Type Not Listed | Other Equipment Not Listed | #1 | 2 | <input checked="" type="checkbox"/> |
| | | | Battery Mantrip used for emergency purpose only. | | | | |
| 3/7/2007 | 24232 | 040-0 041-0 | Fairchild | Scoop | 38459-1/95 | 2 | <input checked="" type="checkbox"/> |
| 3/7/2007 | 24232 | 040-0 041-0 | Fairchild | Scoop | 38611 | 2 | <input checked="" type="checkbox"/> |
| 3/7/2007 | 24232 | 040-0 041-0 | Other Type Not Listed | Forklift | 05-E8075-8 | 2 | <input checked="" type="checkbox"/> |
| 3/7/2007 | 24232 | 040-0 041-0 | Fairchild | Scoop | 45094-2-697 | 2 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | 040-0 041-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | JM-5093 | 2 | <input checked="" type="checkbox"/> |



MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initial

Supervisor Initials:

RS

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|--------------------|-------|-------------------------------------|
| 3/15/2007 | 23703 | ALL BELT CONVEYORS | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: Supervisor Initials: MS

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|--|-------------------------------------|--------------------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | LLB MAINS <i>KVA box and starter box</i> | #3 belt head | tailpiece | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | LLB MAINS <i>KVA box and D box, brk 21 KVA box and line splitter</i> | #2 belt head | tailpiece | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | LLB MAINS <i>KVA and stater box</i> | #1 belt head | Tailpiece | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | No 2 6ft belt <i>KVA box,</i> | Belt head | No 1 Lbb belt head | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | no. 1 north belt <i>Line splitter at brk. 34 and 49</i> | Pressley mains air lock doors | tailpiece | 2 | <input checked="" type="checkbox"/> |
| 1/30/2007 | 23703 | no. 6 north mains | belt head | tail piece | 2 | <input checked="" type="checkbox"/> |
| 1/30/2007 | 23703 | no. 5 north mains | belt head | tail piece | 2 | <input checked="" type="checkbox"/> |
| 1/30/2007 | 23703 | north mains <i>kva box, line splitter box.</i> | no. 4 belt conveyer tail piece | belt head | 2 | <input checked="" type="checkbox"/> |
| 1/30/2007 | 23703 | north mains <i>kva box, line splitter br.75, line splitter box break 65</i> | no. 5 belt conveyor belt tail piece | belt head | 2 | <input checked="" type="checkbox"/> |
| 2/12/2007 | 23703 | no. 1 south belt <i>kva box, and kva box at east mains switch.</i> | tail piece | belt head, surface east mains portal | 2 | <input checked="" type="checkbox"/> |
| 2/12/2007 | 23703 | no. 1 north belt | pumley switch | belt head | 2 | <input checked="" type="checkbox"/> |
| 2/21/2007 | 23703 | no. 8 north mains <i>kva box</i> | belt head | tail piece | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: MS

Coal Inspection Tracking System

Haulage

| | | | | | | |
|-----------|-------|---|-----------|------------|---|-------------------------------------|
| 2/21/2007 | 23703 | no. 6 north mains <i>kva box</i> | belt head | tail piece | 2 | <input checked="" type="checkbox"/> |
| 2/21/2007 | 23703 | glory hole belt <i>kva box</i> | belt head | tail piece | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | no. 2 section LLB mains, no. 1 belt <i>kva, line splitter box</i> | belt head | tail piece | 2 | <input checked="" type="checkbox"/> |

Skip Shaft Facilities, Bunkers

Required= No

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Trackways

Required= Yes

The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|-------------|-----------------|------------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | LLB MAINS | Surface | MMU 030 | 2 | <input checked="" type="checkbox"/> |
| 2/21/2007 | 23703 | north mains | no. 6 belt head | end of track old 009 section | 2 | <input checked="" type="checkbox"/> |



MineID: 4608436 Event Number: 4116857 Activity Code: E01 Inspector(s) Initials: [REDACTED] Supervisor Initials: MT

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= No

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|---|---------------|---------------|-------|-------------------------------------|
| 1/16/2007 | 24232 | #3 Belt | #3 Belt drive | #4 Belt drive | 2 | <input type="checkbox"/> |
| 1/16/2007 | 24232 | LBB #1 | LBB #1 Head | #3 Head drive | 2 | <input type="checkbox"/> |
| 3/12/2007 | 24232 | UBB#2-#1 belt <i>Checked fire suppression only.</i> | belt drive | belt drive | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | LBB#1 to LBB#3 <i>Checked fire suppression only LBB#1, LBB#2, LBB#3 belt drives</i> | Belt drive | belt drive | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | #5 belt to #8 belt <i>Checked fire suppression only on #5, #6, #7, #8 belt drives.</i> | #5 belt drive | #8 belt drive | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | #4 belt <i>Checked fire suppression only.</i> | #4 belt drive | #4 belt drive | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | #3 Belt <i>Checked fire suppression only.</i> | #3 belt drive | #3 belt drive | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | #2 Belt <i>Checked fire suppression only.</i> | #2 belt drive | #2 belt drive | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | #1 belt <i>Checked fire suppression only</i> | #1 belt drive | #1 belt drive | 1 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: MT

Coal Inspection Tracking System

Haulage

Skip Shaft Facilities, Bunkers

Required= No

An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Trackways

Required= Yes

The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|--------------------|-------------------|-------------------|-------|-------------------------------------|
| 3/12/2007 | 24232 | LBB Mains | LBB #1 belt drive | MMU 030-1 section | 1 | <input checked="" type="checkbox"/> |
| 3/12/2007 | 24232 | North Portal Mains | Portal | Glory Hole | 1 | <input checked="" type="checkbox"/> |



MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) I



Supervisor Initials:

MC-3

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities)

Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|----------|-------|-----------|--------------|------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | LLB MAINS | surface | mmu 030 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initial



Supervisor Initials:

MSJ

Coal Inspection Tracking System

UG Outby Areas

Bleeders Including Each Check Point

Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|----------|--------------|------------|-------|-------------------------------------|
| | 23703 | ep 19 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | EP 20 | | | 2 | <input checked="" type="checkbox"/> |
| 2/21/2007 | 23703 | EP 20 | ep 20 | ep 20 | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | ep 20A | ep 20 A | ep 20 A | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 21 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 22 | | | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | ep 22 | ep 22 | ep 22 | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 23 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 25 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 27 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 28 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 29 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 30 | | | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

MS

Coal Inspection Tracking System

UG Outby Areas

| | | | | | | | |
|-----------|-------|-------|-------|-------|--|---|-------------------------------------|
| | 23703 | ep 30 | | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 31 | | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 32 | | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 33 | | | | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | ep 33 | ep 33 | ep 33 | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 34 | | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 35 | | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 36 | | | | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | EP 39 | ep 39 | ep 39 | | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | EP 40 | ep 40 | ep 40 | | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | EP 41 | ep 41 | ep 41 | | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | EP 42 | ep 42 | ep 42 | | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | ep 43 | ep 43 | ep 43 | | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | ep 43 | ep 43 | ep 43 | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 46 | | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep 47 | | | | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [Redacted]

Supervisor Initials: *MS*

Coal Inspection Tracking System

UG Outby Areas

| | | | | | | |
|-----------|-------|-------|-------|-------|---|-------------------------------------|
| 3/14/2007 | 23703 | ep 55 | ep 55 | ep 55 | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | ep 56 | ep 56 | ep 56 | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | ep 57 | ep 57 | ep 57 | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | ep 57 | ep 57 | ep 57 | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep24 | | | 2 | <input checked="" type="checkbox"/> |
| | 23703 | ep26 | | | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | EP-50 | ep 50 | ep 50 | 2 | <input checked="" type="checkbox"/> |

Each Approved SCSR Storage Location Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|--|--------------|------------|-------|-------------------------------------|
| 1/30/2007 | 23703 | mains break 90 | | | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | north mains intake escapeway BREAK 78 | | | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [Redacted]

Supervisor Initials: MS

Coal Inspection Tracking System

UG Outby Areas

Intake Air Courses

Required= Yes

At least one entry in each Intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|-----------------------------------|-------------------|----------------|-------|-------------------------------------|
| 2/12/2007 | 23703 | east portal | east main surface | seal no.seal 7 | 2 | <input checked="" type="checkbox"/> |
| 1/22/2007 | 23703 | NORTH FEATS MAINS | REGUATOR | OVERCAST | 2 | <input checked="" type="checkbox"/> |
| 1/16/2007 | 23703 | North Mains intake split for EP's | surface | ep 20a | 2 | <input checked="" type="checkbox"/> |

Non-Pillared Out Area (List Each)

Required= No

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) I

Supervisor Initials:

MS

Coal Inspection Tracking System

UG Outby Areas

Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|---------------------------------------|---------------------------|-------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | LLB MAINS | Fan | MMU030 | 2 | <input checked="" type="checkbox"/> |
| 1/30/2007 | 23703 | MAINS | mouth of lower big branch | break 75 on north mains | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | north mains <i>SECTION IS IDLE</i> | BREAK 74 | MMU 009 | 2 | <input checked="" type="checkbox"/> |

Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|--|--------------|------------------------------------|-------|-------------------------------------|
| 2/25/2007 | 23703 | 041 mmu | section | overcast | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | LLB MAINS | MMU030 | mouth of section | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | North Mains return <i>009 MMU IS IDLE</i> | MMU 009 | RETURN OVERCAST AT NO. 5 BELT HEAD | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: MC

Coal Inspection Tracking System

UG Outby Areas

Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|-------------|--------------|------------|-------|-------------------------------------|
| 2/12/2007 | 23703 | east portal | no. 25 seal | no. 8 seal | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

KC

Coal Inspection Tracking System

UG Outby Areas

Non-Pillared Out Area (List Each)

Required= Yes

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|--|--------------------|------------|-------|-------------------------------------|
| 1/16/2007 | 24232 | Deepest point of LBB Mains. EP#52, #53, #54, and #2 Panel | Mouth of LBB Mains | EP #58 | 2 | <input checked="" type="checkbox"/> |

Primary Escapeway (Including Facilities)

Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

| Date | AR # | Location | Travel Begin | Travel End | Shift | Complete |
|-----------|-------|-------------|--------------------------------|-----------------|-------|-------------------------------------|
| 1/10/2007 | 24232 | Main intake | #1 Crosscut of MMU 030 section | LOB at SS#20962 | 2 | <input checked="" type="checkbox"/> |

Return Air Courses

Required= Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Seals (List Each Set)

Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.



MineID: 4608436 Event Number: 4116857

Activity Code: E01

Inspector(s) Initials: [REDACTED]

Supervisor Initials: RT

Coal Inspection Tracking System

UG Outby Equipment

Outby Equipment

Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance. The serial number, if available, was recorded. If a serial number was not available, a company number or other positive identification was entered in the comments.

| Date | AR # | Location | Manufacturer | Type Equipment | Serial # | Shift | Complete |
|-----------|-------|--------------|-----------------------|-----------------|---|-------|-------------------------------------|
| 2/6/2007 | 23703 | north mains | Other Type Not Listed | Transformer | old no. 48 belt kva box | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | MAINS | Other Type Not Listed | Transformer | kva box one bk in drift | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | south portal | Other Type Not Listed | Battery Charger | no. 1 | 2 | <input checked="" type="checkbox"/> |
| 2/6/2007 | 23703 | north mains | Other Type Not Listed | Transformer | kva box one bk in drift south portal | 2 | <input checked="" type="checkbox"/> |
| 2/21/2007 | 23703 | north mains | Other Type Not Listed | Transformer | old no. 8 kva box | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Locomotive | no. 6 motor | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Mantrip | no. J6 | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Mantrip | no. J10 | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Mantrip | NO. J12 | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Mantrip | no. mt-7 | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Locomotive | no. 4 motor | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Locomotive | no. 13 motor | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Locomotive | no. 2 motor | 2 | <input checked="" type="checkbox"/> |
| 2/25/2007 | 23703 | south portal | Brookville | Mantrip | no. mt4 | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials



Supervisor Initials: MS

Coal Inspection Tracking System

UG Outby Equipment

| | | | | | | | |
|-----------|-------|-----------------------------------|-----------------------|----------------------------|----------------------|---|-------------------------------------|
| 2/25/2007 | 23703 | south portal | Brookville | Mantrip | NO.MT1 | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | North Mains intake split for EP's | Other Type Not Listed | Battery Charger | no. 2 hauler charger | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | North Mains intake split for EP's | Other Type Not Listed | Transformer | kva box | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | North Mains intake split for EP's | Other Type Not Listed | Other Equipment Not Listed | shield hauler | 2 | <input checked="" type="checkbox"/> |
| 3/14/2007 | 23703 | North Mains intake split for EP's | Other Type Not Listed | Battery Charger | no. 3 scoop charger | 2 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials:

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

| | | | | | | | |
|-----------|-------|-------|--|---------------------------|--------------|---|-------------------------------------|
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | no. 4918 LT. | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | no. 5811 RT. | 2 | <input checked="" type="checkbox"/> |

Self-Rescue Devices (Working Section)

Required= Yes

The operator's compliance with approved self-rescuer condition-of-use requirements was evaluated by inspecting a representative number of each type of device in use at the mine, but not less than ten percent each inspection quarter.

| Date | AR # | Location | Shift | Complete |
|-----------|-------|----------|-------|-------------------------------------|
| 1/22/2007 | 23703 | 030-0 | 1 | <input checked="" type="checkbox"/> |

MineID: 4608436

Event Number: 4116857

Activity Code: E01

Inspector(s) Initials:



Supervisor Initials: _____

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment)

Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

| Date | AR # | Location | | | | Shift | Complete |
|-----------|-------|----------|--|---------------------------|--------------------------|-------|-------------------------------------|
| 1/9/2007 | 23703 | | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Continuous Mining Machine | no. 4918 LT. | 2 | <input type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Stamler | Feeder | no1 feeder 030 section | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Other Type Not Listed | Transformer | section power center 030 | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Other Type Not Listed | Battery Charger | #2 section scoop charger | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Other Type Not Listed | Battery Charger | #1 section scoop charger | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Fletcher | Roof Bolting Machine | no. 203058 LT. | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | no. 17203 LT. | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Fairchild | Scoop | no. T39224/no. 2 | 2 | <input checked="" type="checkbox"/> |
| 1/9/2007 | 23703 | 030-0 | Fairchild | Scoop | no. T39-231/no. 1 | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | no. 17505 RT. | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Joy Machinery Co. (Joy, Joy Manufacturing Co.) | Shuttle Car | no. 17504 center | 2 | <input checked="" type="checkbox"/> |
| 1/10/2007 | 23703 | 030-0 | Fletcher | Roof Bolting Machine | no. 204328 RT. | 2 | <input checked="" type="checkbox"/> |