



APR 22 2014  
APR 22 2014

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for Operations  
Mine Safety and Health Administration

THROUGH:

MARVIN LICHTENFELS [REDACTED]  
Acting Administrator for  
Metal and Nonmetal Mine Safety and Health Administration

JAY P. MATTOS [REDACTED]  
Director, Office of Assessments, Accountability, Special  
Enforcement and Investigations

FROM:

ALFRED L. CLAYBORNE [REDACTED]  
Deputy Director, Office of Accountability, Special Enforcement  
and Investigations

SUBJECT:

MSHA Office of Accountability Audit, MNM Southeastern District,  
Bartow, Florida Field Office, and [REDACTED]  
[REDACTED]

### Introduction

This memorandum summarizes the Office of Accountability audit of the subject district office, field office, and mine. The audit included MSHA field activities; level of enforcement; conditions and practices at the mine; Field Activity Reviews (FARs); Office Reviews (ORs); and MSHA supervisory and managerial oversight. The audit included evaluations to determine if there were any deficiencies in areas commonly identified during Agency internal reviews of MSHA's actions following past mine disasters.

Positive findings as well as issues requiring attention are included in this audit report.

### Overview

This audit was conducted by Accountability Specialists Jerry Kissell and Mark Odum from [REDACTED] through [REDACTED]. [REDACTED] accompanied the accountability specialists during this audit.

The audit team traveled with the inspection party to the [REDACTED] on a spot (E-16) inspection on [REDACTED]. Areas and activities examined included the raw materials storage, limestone feed conveyor belts, line 2 coal mill, coal feed conveyor belts, tripper conveyor belts, contractor compressed gas storage area, four clinker silos, silo conveyor belts, quarry roadways, overland quarry conveyor belt, quarry pit, and the 380W Bucyrus-Erie dragline. Work practices observed included contractors repairing the line 1 kiln and contractor crane operations. All areas inspected included observations of walkways, handrails, work platforms, housekeeping, guarding and electrical boxes and cables. The team observed safety talks given to miners, contractors and management personnel during inspection activities.

### Audit Results

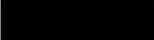
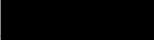
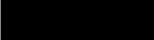
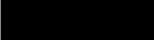
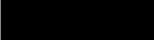
The audit revealed positive findings in several areas, including the following:

1. Enforcement personnel conducted themselves in a professional and courteous manner at all times during the audit and during the inspection.
2. Inspection procedures observed during the audit were in compliance with MSHA policy and procedures.
3. Field Activity Reviews (FARs) and Office Reviews (ORs) for the Bartow Field Office were adequately documented.
4. Enforcement personnel used appropriate enforcement tools during the mine site visit.
5. [REDACTED] completed eighteen FARs (six required) and twenty eight ORs (twelve required) in FY 2012 exceeding the minimum. In FY 2013 the [REDACTED] completed ten FARs (four required) and twenty one ORs (eight required) exceeding the minimum required.
6. Staff and safety meetings were consistently documented and showed updates and reviews of MSHA initiatives and policy memoranda.

This audit revealed no issues that require a corrective action.

Attachments

- A. Internal Review Summary
- B. Office of Accountability Checklist
- C. Statistics
- D. Citations/Orders issued during this audit

1.		56.12004
2.		56.4101
3.		56.4200b
4.		56.14207
5.		56.14101a3
6.		56.14100a

- E. Examples of Citations Issued During Previous E01 Inspections

---

(No issues were identified during this audit)

- F. District Corrective Action Plan

(No corrective action plan required)

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID ██████████ Date ██████████

**Attachment A – Internal Review Summary**

The table below lists the most common internal review findings following mine disasters. The Bartow, Florida Field Office had none of the most commonly identified issues.

Common Internal Review Findings	Examples of Deficiencies:
Failure to identify deviations in approved plans.	Not identifying operator departures from requirements in any plan that requires approval, such as training plans, roof control plans, ventilation plans, emergency response plans, etc.
Incomplete or inadequate inspections.	Not following policy or procedures for conducting inspections. Failure to cite all violations. Not inspecting all areas and equipment.
Failure to conduct 103(i) spot inspections according to policy.	Not conducting spot inspections in a timely manner and at irregular intervals.
Supervisors did not provide adequate oversight.	No review/lax review of inspection reports. Inadequate review of PKW/SAR forms. Failure to conduct required Field Activity Reviews and Accompanied Activities.
Improper evaluations of gravity, negligence and type of enforcement action.	Inadequate documentation to support citation and evaluation. Failure to consider and document aggravating or mitigating circumstances.
Inadequate Peer Reviews	Inadequate district level Peer Reviews. Failure to adopt and follow corrective action plans. Failure to follow up or monitor effectiveness of corrective action plans.
Weakness in the ACR Program	Not following ACR handbook. Inadequate management oversight. Failure to follow the Mine Act, MINER Act, 30 CFR and MSHA policy.
MSHA data not used or reviewed.	Key Indicators, Mine Profile, Inspection completion reports not being used. Failure to keep MSIS data up to date and accurate.
Lack of unwarrantable failure tracking system	No or inadequate unwarrantable failure sequence tracking system.
Conflict of Interest	Inspecting prior employers, employment of relatives
Failure to comply with Hazard Complaint Procedures.	Improper coding of inspections. Inadequate documentation of inspections/investigations.
Investigations of multi-phase plans	Failure to conduct on-site evaluations of plans.
Failure to observe retreat mining.	Inadequate periodic evaluations when retreat mining is conducted.
Section 103(a) is violated when an operator gives advance notice of MSHA's presence on mine property	Citation not issued when advance notice of impending MSHA inspection.

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

	Tracking tool was needed to monitor personnel resources and those devoted to special investigations	Not monitoring resources devoted to special investigations.
--	---	---

	Needed to improve tracking of retraining of supervisors, inspectors, and specialists	Some supervisors, inspectors, and specialists were not being retrained.
--	--	---

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

Attachment B – Audit Checklist

1. Determine if complete and thorough E01 inspections are being conducted and /or if policy and procedures were properly followed.  
Adequate  Corrective Action Needed  Comments Below

2. Determine if documentation for inspections is complete and thorough.  
Adequate  Corrective Action Needed  Comments Below

3. Determine if citations and orders issued during previous inspections were properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.  
Adequate  Corrective Action Needed  Comments Below

4. Evaluate inspector(s) examination of required records and postings for compliance with applicable standards.  
Adequate  Corrective Action Needed  Comments Below   
Records were not reviewed as part of the spot inspection on the audit mine visit.

5. Evaluate the inspector(s) physical examination of the active working areas of the mine and inspection of all mining cycles.  
Adequate  Corrective Action Needed  Comments Below   
No drilling or blasting took place during the mine visit.

6. Evaluate the inspector(s) on-site contaminant assessment and documentation.  
Adequate  Corrective Action Needed  Comments Below   
No health samples were taken during this spot inspection. A review of previous inspection reports shows health sampling was conducted September 2012.

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

7. Evaluate inspector(s) examination of electrical equipment, transformer stations, and/or electrical circuits.

Adequate  Corrective Action Needed  Comments Below

8. Determine if adequate close-out conferences are being conducted at the end of each inspection.

Adequate  Corrective Action Needed  Comments Below

Field notes reviewed show daily and final close-outs are consistently conducted.

9. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.

Adequate  Corrective Action Needed  Comments Below

No PKWs were reviewed as part of this audit.

10. Evaluate 103(i) spot inspection (E02) reports for the office/district being audited for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.

Adequate  Corrective Action Needed  Comments Below

There are no 103(i) mines in this field office

11. Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.

Adequate  Corrective Action Needed  Comments Below

12. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.

Adequate  Corrective Action Needed  Comments Below

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

13. Are required Office Reviews (ORs) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?  
(One E-01/Inspector/every six months/FY -minimum)

Adequate  Corrective Action Needed  Comments Below



14. Are Field Accompanied Reviews (FARs) and supervisory follow-up reviews being conducted and documented according to agency policy and procedures?  
(one/inspector/year - minimum)

Adequate  Corrective Action Needed  Comments Below



15. Determine if a 104(d) tracking system is in place and being kept current at the office being audited.

Adequate  Corrective Action Needed  Comments Below

16. Determine if the Mine Files are legible, up to date, and reviewed by supervisors.

Adequate  Corrective Action Needed  Comments Below

17. Determine if supervisors are visiting active mines.

Adequate  Corrective Action Needed  Comments Below

18. Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to current issues and the Agency's mission.

Adequate  Corrective Action Needed  Comments Below

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

19. Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Office Reviews and Field Accompanied Activity Reviews.

20. Determine if district management personnel are reviewing work products and reports for accuracy and completeness.

Adequate  Corrective Action Needed  Comments Below

21. Determine if District Manager is using discretion in granting conferences and monitoring the ACR program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the CLR's.

Adequate  Corrective Action Needed  Comments Below

Not reviewed during this audit

22. Determine if District Manager is holding the Supervisory Special Investigator accountable for properly evaluating and initiating or denying potential cases.

Adequate  Corrective Action Needed  Comments Below

Not reviewed during this audit.

23. Determine if managers and supervisors are using required standardized reports to review critical data relevant to inspections and investigations.

Adequate  Corrective Action Needed  Comments Below

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

24. Determine if Districts are conducting in-depth Peer Reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.

Adequate  Corrective Action Needed  Comments Below

A peer review was completed on the Lexington, KY field office in 2012.

25. Is information (mine status, methane liberation, number of employees, etc.) being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate  Corrective Action Needed  Comments Below

26. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.

Adequate  Corrective Action Needed  Comments Below

27. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.

Adequate  Corrective Action Needed  Comments Below

28. Determine if inspectors have an understanding of when a violation of Section 103(a) for Advance Notice occurs and whether appropriate citations are issued for Advance Notice.

Adequate  Corrective Action Needed  Comments Below

29. Determine if the management resource tracking tool is being used to track resources regarding Special Investigations.

Adequate  Corrective Action Needed  Comments Below

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

30. Determine if retraining of supervisors, inspectors, and specialists is being tracked.

Adequate

Corrective Action Needed

Comments Below

District keeps a spreadsheet on their "T" drive for each field office tracking all staff training and retraining activities.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID ██████████ Date ██████████

Attachment C – Statistics

S&S Rate Comparison

During FY 2011, the S&S rate for the Bartow, Florida Field Office and the Southeastern district were the same as the national average. For FY 2012 the S&S rate for the Bartow field office was below the Southeastern district and the national average. For the first half of FY 2013 the S&S rate for the Bartow Field Office is below the Southeastern district and the national average. Citations issued during the audit were appropriately issued and consistent with policy and procedures. (See attachment D)

Fiscal Year	Bartow Field Office	Southeastern District	National Average
2011	30%	30%	30%
2012	23%	25%	27%
2013*	22%	28%	26%

\* 1<sup>st</sup> half FY 2013

Time and Activity Comparison

A comparison of FY 2011, 2012 and the first half of FY 2013 time distribution for the Bartow, Florida Field Office at all mining operations show that time in the Other category has decreased and is below the national average and On-Site Enforcement Time has increased and is above the national average.

Time Distribution (%) – E01 Inspections							
FY	Area/Office	Travel	*Other	**On-Site Enf. Time	Total Enf. Time	Non Enf. Time	Total Percent
2011	FO	20%	9%	44%	73%	27%	100%
	Nat'l Avg	21%	16%	42%	79%	21%	100%
2012	FO	20%	8%	47%	75%	25%	100%
	Nat'l Avg	20%	15%	42%	78%	22%	100%
2013***	FO	19%	7%	49%	74%	26%	100%
	Nat'l Avg	20%	15%	42%	77%	23%	100%

\* Other time includes off site citation/order writing, health equipment calibration, and mailing of samples

\*\* Total On-Site time includes citations written on-site

\*\*\* 1<sup>st</sup> half FY 2013

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District  Field Office  Mine ID  Date

Attachment D- Citations issued during the Audit:

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I--Violation Data			
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Served To	5. Operator		
6. Mine	7. Mine ID		(Contractor)
8. Condition or Practice			8a. Written Notice (103g) <input type="checkbox"/>
<p>An electrical power cable was not protected from mechanical damage. An extension cord in use at the contractor's work site at the number 1 kiln area was damaged. About 1/2 inch of the outer insulation covering was torn off the cord. The insulated inner wiring was exposed. No bare wiring was observed. The condition was not readily apparent to the casual observer. The electrical cord was energized at 120 VAC.</p>			
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>			
9. Violation	A. Health Safety Other	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12004
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 checked="" type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <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
15. Area or Equipment			F. Dated Mo Da Yr
16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)			
Section III--Termination Action			
17. Action to Terminate The electrical extension cord was removed from service by the contractor.			
18. Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock)			
Section IV--Automated System Data			
19. Type of Inspection (activity code) E16		20. Event Number	
22. Signature		21. Primary or Mill M	
		23. AR Number	

MSHA Form 7000-3, Apr 08 (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.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

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



Section I--Violation Data

1. Date	Mo Da Yr	2. Time (24 Hr. Clock)		3. Citation/ Order Number	
4. Served To	5. Operator				
6. Mine	7. Mine ID		(Contractor)		
8. Condition or Practice					

8a. Written Notice (103g)

Readily visible signs prohibiting smoking and open flames were not posted at an acetylene and oxygen cylinder storage area. Five oxygen cylinders and five acetylene cylinders were stored with four argon and three NOS compressed gas cylinders under the L01 conveyor at the conveyor brace. The contractor was not at the Plant today. The contractor had finished his project and departed the Plant on [REDACTED]. The contractor had left the compressed gas cylinders stored at the mine to be picked up on this date.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.4101

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 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <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	B. Time (24 Hr. Clock)	
---------------------	---------	----------	------------------------	--

Section III--Termination Action

17. Action to Terminate The Plant operator posted a "No Smoking" sign.

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

Section IV--Automated System Data

19. Type of Inspection (activity code)	E16	20. Event Number	[REDACTED]	21. Primary or Mill	M
22. Signature				23. AR Number	

MSHA Form 7000-3, Apr 08 (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.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District  Field Office  Mine ID  Date

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr [redacted]	2. Time (24 Hr. Clock) [redacted]	3. Citation/ Order Number [redacted]
4. Served To [redacted]	5. Operator [redacted]	
6. Mine [redacted]	7. Mine ID [redacted] (Contractor)	
8. Condition or Practice		

8a. Written Notice (103g)

There was not a fire extinguisher readily available for use if needed at the compressed gas cylinder storage area for the contractor. The storage area was at the conveyor brace under the L01 conveyor. Acetylene and oxygen cylinders were stored at this area. The contractor was not at the Plant today. He had finished his project and had departed the Plant on [redacted]

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.4200b
--------------	---	-------------------	---

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 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <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 [redacted]	B. Time (24 Hr. Clock) [redacted]
---------------------	--------------------------------	--------------------------------------

Section III--Termination Action

17. Action to Terminate A fire extinguisher was provided for the storage area.

18. Terminate	A. Date Mo Da Yr [redacted]	B. Time (24 Hr. Clock) [redacted]
---------------	--------------------------------	--------------------------------------

Section IV--Automated System Data

19. Type of Inspection (activity code) E16	20. Event Number [redacted]	21. Primary or Mill M
22. Signature [redacted]		23. AR Number [redacted]

MSHA Form 7000-3, Apr 08 (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.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID                      Date                     

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr <u>                    </u>	2. Time (24 Hr. Clock) <u>                    </u>	3. Citation/ Order Number <u>                    </u>
4. Served To <u>                    </u>		5. Operator <u>                    </u>
6. Mine <u>                    </u>		7. Mine ID <u>                    </u> (Contractor)
8. Condition or Practice		

8a. Written Notice (103g)

The parking brake was not set on the Chevrolet, truck, model 2500,                     . The truck was unattended. The truck was parked on level ground. The drive gear was in park position. The truck was operated by a Superintendent for the contractor. The truck was parked at the conveyor brace area under L01 conveyor. The driver had forgotten to set the park brake. He was aware of the requirement to set the brake.

Standard 56.14207 was cited                     

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14207
--------------	---	-------------------	---

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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <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 <u>                    </u>	B. Time (24 Hr. Clock) <u>                    </u>
---------------------	---	---

Section III--Termination Action

17. Action to Terminate The parking brake was set.

18. Terminate	A. Date Mo Da Yr <u>                    </u>	B. Time (24 Hr. Clock) <u>                    </u>
---------------	---	---

Section IV--Automated System Data

19. Type of Inspection (activity code) E16	20. Event Number <u>                    </u>	21. Primary or Mill M
22. Signature <u>                    </u>		23. AR Number <u>                    </u>

MSHA Form 7000-3, Apr 08 (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.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID                      Date                     

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr <u>                    </u>	2. Time (24 Hr. Clock) <u>                    </u>	3. Citation/ Order Number <u>                    </u>
4. Served To <u>                    </u>	5. Operator <u>                    </u>	
6. Mine <u>                    </u>	7. Mine ID <u>                    </u> <span style="float:right">(Contractor)</span>	
8. Condition or Practice		

8a. Written Notice (103g)

The parking brake system was not maintained in a functional condition on the Chevrolet, truck, model 2500,                     . The parking brake was set. The drive gear was put in drive position at idle speed. The truck moved forward until the driver stopped it with the service brake. The truck was pulling a 8 feet by 12 feet trailer. The test was conducted on level ground on dirt surface. The truck was in use at the conveyor brace area of the L01 conveyor. The truck was operated by a Superintendent for the contractor.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.14101a3</u>
--------------	---	-------------------	--

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: <u>001</u>
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action <u>104a</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <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 <u>                    </u>	B. Time (24 Hr. Clock) <u>                    </u>
---------------------	---	---

Section III--Termination Action

17. Action to Terminate	<u>The truck was removed from the Plant and the violation is terminated. Prior to it's removal, the parking brake had not been restored to a functional condition. The contractor was notified that</u>	
18. Terminate	A. Date Mo Da Yr <u>                    </u>	B. Time (24 Hr. Clock) <u>                    </u>

Section IV--Automated System Data

19. Type of Inspection (activity code) <u>E16</u>	20. Event Number <u>                    </u>	21. Primary or Mill <u>M</u>
22. Signature <u>                    </u>		23. AR Number <u>                    </u>

MSHA Form 7000-3, Apr 08 (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.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order  
Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [REDACTED]	3. Citation/Order Number [REDACTED]
4. Served To [REDACTED]	5. Operator [REDACTED]	
6. Mine [REDACTED]	7. Mine ID [REDACTED] (Contractor) [REDACTED]	

Section II--Justification for Action

Continuation of 17. Action to Terminate

prior to using the truck again at any mine or mill site, he is required to comply with the cited standard. If the contractor does not comply, MSHA will consider his actions to be aggravated conduct constituting more than ordinary negligence.

Section III--Subsequent Action Taken

See Continuation Form

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

Section IV--Inspection Data

9. Type of Inspection E16	10. Event Number [REDACTED]		
11. Signature [REDACTED]	AR Number [REDACTED]	12. Date Mo Da Yr [REDACTED]	13. Time (24 Hr. Clock) [REDACTED]

MSHA Form 7000-3a, Mar 85 (revised)

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District Southeastern Field Office Bartow, FL Mine ID                      Date                     

Mine Citation/Order

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



Section I--Violation Data

1. Date Mo Da Yr <u>                    </u>	2. Time (24 Hr. Clock) <u>                    </u>	3. Citation/ Order Number <u>                    </u>
4. Served To <u>                    </u>		5. Operator <u>                    </u>
6. Mine <u>                    </u>		7. Mine ID <u>                    </u> (Contractor)
8. Condition or Practice <u>                    </u>		

8a. Written Notice (103g)

A pre-operational safety inspection was not conducted on the Chevrolet, truck, model 2500,                      prior to bringing it to the Plant on this date. The driver of the truck, Superintendent for the contractor, said he had been in a big hurry to get to the Plant to pick up some compressed gas cylinders. He had forgotten to conduct the safety inspections prior to coming to the Plant. The parking brake was not functional on the truck (see citation                     )

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.14100a
--------------	---	----------------------	------------------------------------	-----------

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 type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <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
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr <u>                    </u>	B. Time (24 Hr. Clock) <u>                    </u>
---------------------	---	---

Section III--Termination Action

17. Action to Terminate The truck was removed from the Plant and the violation is terminated. Prior to it's removal, the pre-operational safety inspection was not conducted. The contractor was notified that prior to using the

18. Terminate	A. Date Mo Da Yr <u>                    </u>	B. Time (24 Hr. Clock) <u>                    </u>
---------------	---	---

Section IV--Automated System Data

19. Type of Inspection (activity code) E16	20. Event Number <u>                    </u>	21. Primary or Mill M
22. Signature <u>                    </u>		23. AR Number <u>                    </u>

MSHA Form 7000-3, Apr 08 (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.

United States Department of Labor  
 Mine Safety and Health Administration  
 Office of Accountability

District  Field Office  Mine ID  Date

Mine Citation/Order  
 Continuation

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



Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input type="checkbox"/> <input checked="" type="checkbox"/>		2. Dated (Original Issue) Mo Da Yr ██████████			3. Citation/ Order Number ██████████
4. Served To ██████████			5. Operator ██████████		
6. Mine ██████████			7. Mine ID ██████████		

Section II--Justification for Action

Continuation of 17. Action to Terminate

truck again at any mine or mill site, he is required to comply with the cited standard. If the contractor does not comply, MSHA will consider his actions to be aggravated conduct constituting more than ordinary negligence.

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 type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
----------------	-----------------------------------	--------------------------------------	-------------------------------------	--	--------------------------------------

Section IV--Inspection Data

9. Type of Inspection E16	10. Event Number ██████████		
11. Signature ██████████	AR Number ██████████	12. Date Mo Da Yr ██████████	13. Time (24 Hr. Clock) ██████████

MSHA Form 7000-3a, Mar 85 (revised)

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

Attachment E – Examples of Citations Issued During Previous E01 Inspections

(No issues were identified during this audit)

United States Department of Labor  
Mine Safety and Health Administration  
Office of Accountability

District  Field Office  Mine ID  Date

Attachment F – District Corrective Action Plan

(No corrective action plan required)